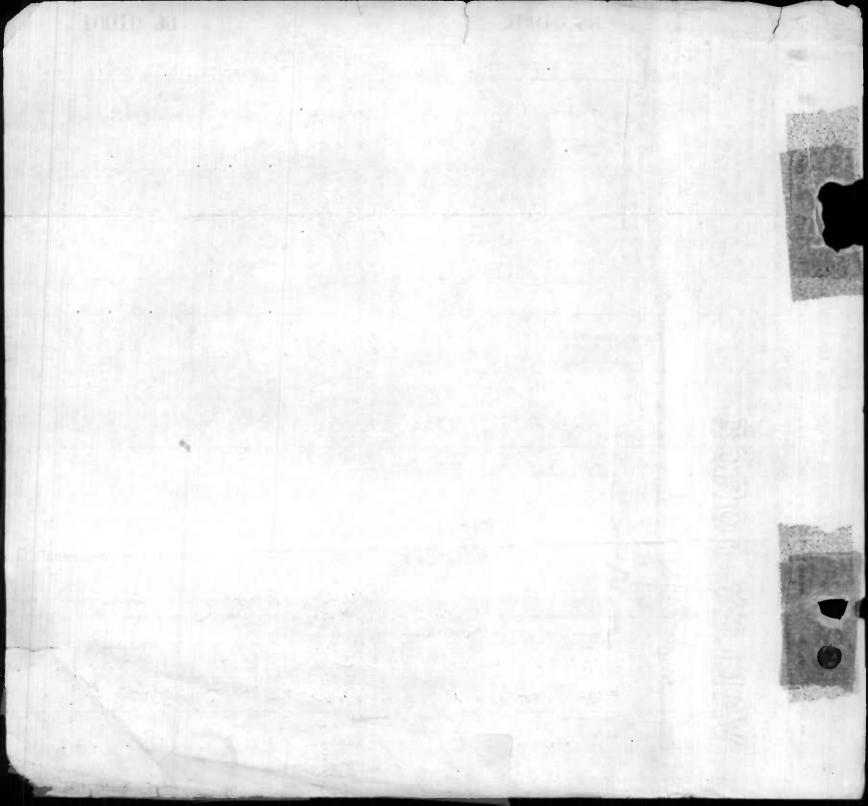
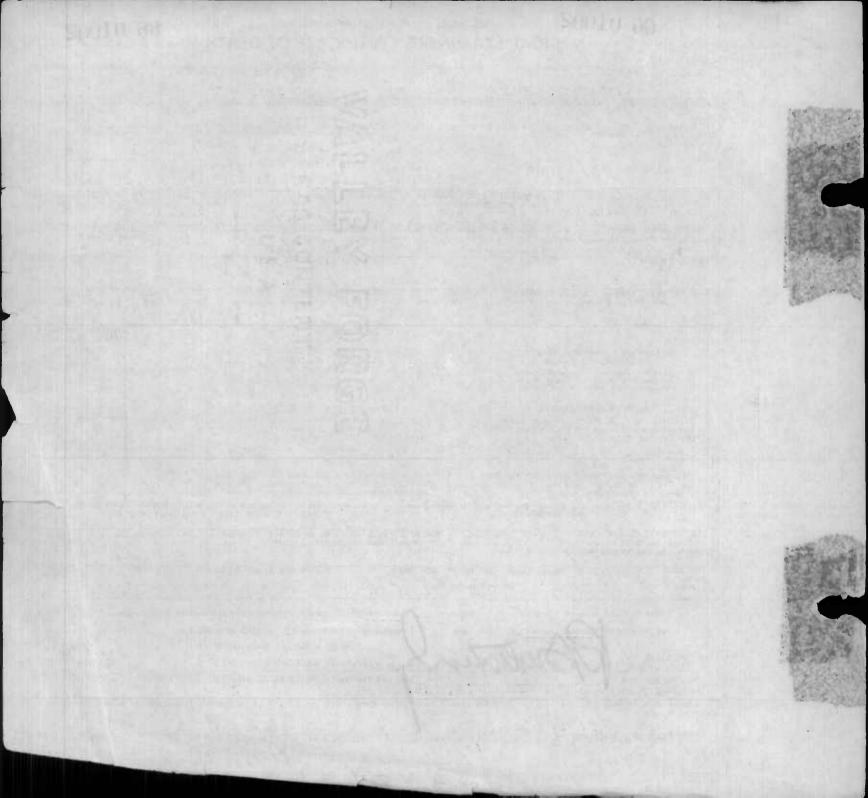
		1001	SALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.		1001	CERTIFICA	TE OF DEATH	Registered No	66 01001
M.E. CASE NO					AND HOUR OF DEAT	H
(Type or Print)	Gladys H	. Hudson		Te	nurary 28 19	66 7.40 pm
3. PLACE OF	DEATH IN BALTIMORE, M	ARYLAND	Je 175	A. STATE B. CO	There deceased lived. If	institution: residence before admission
FULL NAM HOSPITAL C	OR oddress or locat	ol or institution, ion)	give street	C. CITY OR TOWN (IF	outside city limits, write	e RURAL and give township)
) :	3646 Elm Ave.			D. STREET ADDRESS		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	.34th. St.	If Under 1 Yr If Under 24 Hrs
Female	White	WIDOWE	D, DIVORCED (specify) OW	6-5,1905	lost birthdoyl 60	Months Doys Hours Min.
	CCUPATION (Give kind of we of working life, even if retired		F BUSINESS OR INDUSTRY		oreign country)	12. CITIZEN OF WHAT COUNTRY?
		House	Wife	Md.		
13. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
Jo	ohn Mahon					
Yes, no or unkno	sed Ever in U. S. Armed F own) (I) yes, give wor or do	orces? ites of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
nO				William C	. Hudson 83	6 W.34th. St.
18.4	2011		CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DIS	EASE OR CONDITION D			Do The		
(This does	s na) mean the made		(A) DUE TO	ormany Thr	0260513	Suddes
heart failu	re, asthenia, e)c. 1) mear	s the disease,		0		
injury or o	camplication which cause		(8)			
	ANTECEDENT CAUSE		DUE TO	*************************************	***********************	
	OR CONDITIONS, if the above cause (A		(C)			
	ING CONDITION las).	, overling the	10/ 200000000000000000000000000000000000	######################################	** ***********************************	
	III III				-	
	ONIFICANT CONDITIONS					
	OR CONDITION CAUSING	IT.		TAX.		
19A.DATE		REPORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTE	DENT WAS UNDERLYING RIBUTING CAUSE OF Offly medical examines		PLACE OF INJURY (e.g., in ne, form, foctory, street, of)	or obout 21C. WHERE DID	(If in Boltime	ore City, give exoct location)
21D. TIME OF INJURY			INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
(APPROX.)		Wo	ite At Not While			
22. I certi	ify that (1) (this hospit	al) attended t	he deceased from	aug. 10	19 65 to	Jan 28- 19 66
that (1) (3	e) last saw the decea	sed alive on	Day 22			nion death accurred on the da
	,		I) (Wa) (did) (did no t) v	iew the hady after deat	h.	The de
23A. SIGNA		(, (, a, (a, a, (a) a no!) V	The body offer dear	114	23B, DATE SIGNED
	Ronhe Ch	MARINA		nding Med.	Stoff	
23C.PHYSI	CIAN'S	0	Phys	Director	Phy s.	1-29-66
NAMI	(Type) RECIBEN	HOPFI	AN M.D.	846CO. 36	6 ChStr. Ba	ecto, and.
24A. BURIAL C	REMATION, 248. DATE	24C. N	AME of CEMETERY OF CHE	24D	LOCATION (City, town, or county) (State)
	L (Specily)	1066	loodlamm		201 22	Dallia a
Burial 25A. DATE REC	D BY HEALTH DEPT.		oodlawn Of registrar	25C. FUNERAL DIRECT	Woodlawn	Appress //
CED 1	1066 00	3-2 50	See Mall	Trank.	The Acits	14/1/364/
	1000 (200)	13		1 / will	1 Nouno	1000



VS 151-REV. 1/1/65



SD

23C. PHYSICIAN'S

VS 150-REV. 1/1/65

Stephen Gregg

1966

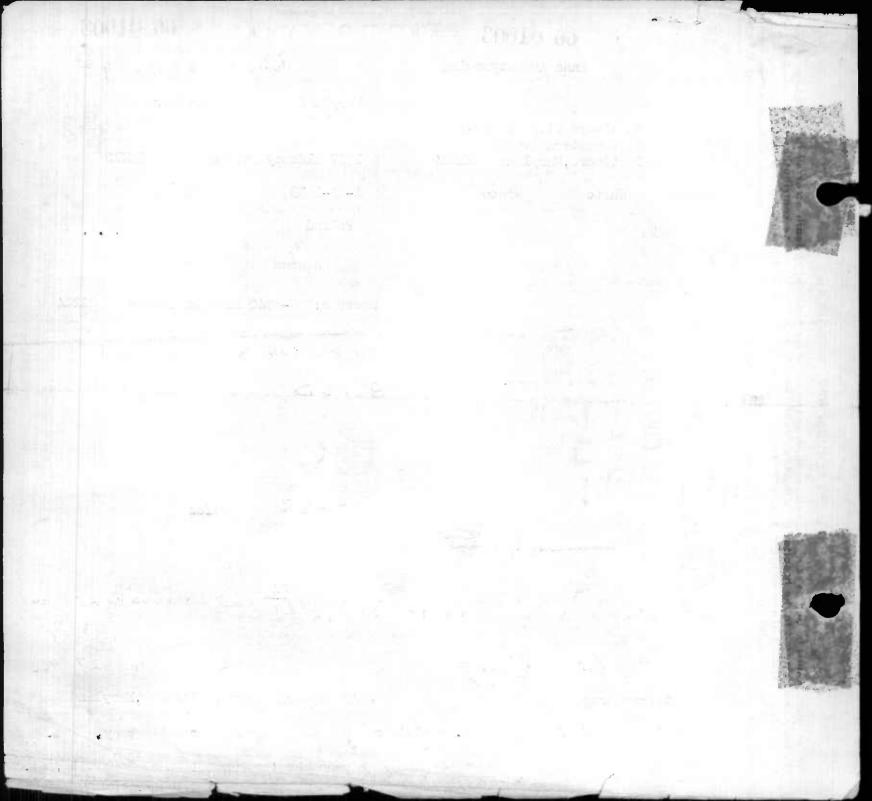
1/31/66

258 NAME OF REGISTRAR

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 1/31/

25A. DATE REC'D BY HEALTH DEPT.

23 B. DATE SIGNED Attending M.D. Med. Stoff Phys. Don 27, 1966 23D. ADDRESS M.D. 4940 Eastern Avenue, Baltimore, Maryland 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) St. Stanisleas Fair Oaks Allegheny, Pa. 25C. FUNERAL DIRECTOR 1331 APORES VILLE P Tyson Wheeler Funeral Home



S. SEX

Dr. Donald

25A. DATE REC'D BY HEALTH DEPT.

24A. BURIAL CREMATION,

VS 150-REV. 1/1/65

REMOVAL (Specily)

Hall

258. NAME OF

Such

eath.

10

prior

on the

attendance

and

a hospital

cause of death

BALTIMORE CIT	TY HEALTH DEPARTMENT
BIRTH NO. GG 01004 CERTIFICA	ATE OF DEATH Registered No. 66 01004
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
12 Conche Elisabeth	Benges 1/29/66 1/2;50 Pm.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE B. GOUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	maryland 1-02
INSTITUTION	C. CITY OR TOWN (If autside Eity limits, write RURAL and give nownship)
	15 a /timore
21 - / //	D. STREET ADDRESS (If rurol, give/location)
Union Memorial Hosp.	1148 Ward Street (30).
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Days Hauss Min.
WIDOWED, DIVORCED (pecily)	6/25 /1899 last birthday! Months Days Haurs Min.
mairied	
10A. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRI dane during, most of working life, even if retired)	RY IV BIRTHPLACE (State or lareign country) 12. CITIZEN OF WHAT COUNTRY?
dane during most of working the, even it fellred)	2
Hausewick at home	mary and no
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
P 12	C / / - / - /
b-eorge Dents	Tarah Lowe
15. Was Deceased Ever in U. S. Armed Forces?	17. INFORMANT . ADDRESS (30)
Trestille di diktiowiti ili yest, give wor di doles di servicet SECOKIII NO.	
	Morenel Jones -2007 Clusadel Aus
18. 260 X 1 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	Con de a alex
(This does not mean the made of dying, e.g., DUE TO	1 On Ch o freumen a
heart failure, asthenia, etc. It means the disease,	10/
injury ar camplication which caused death.)	+ 1/ (1) 1/
ANTECEDENT CAUSES (B)	uges him Hear Fasture
DUE TO	1-1/1/1/1
DISEASES OR CONDITIONS, if any, giving	P. / Tilon / () / 1),
se la the above cause (A) slating the (C)	rerio - dero hodocor dio Vor ulas Disease
UNDERLYING CONDITION last.	11 001

(City, town, or county)

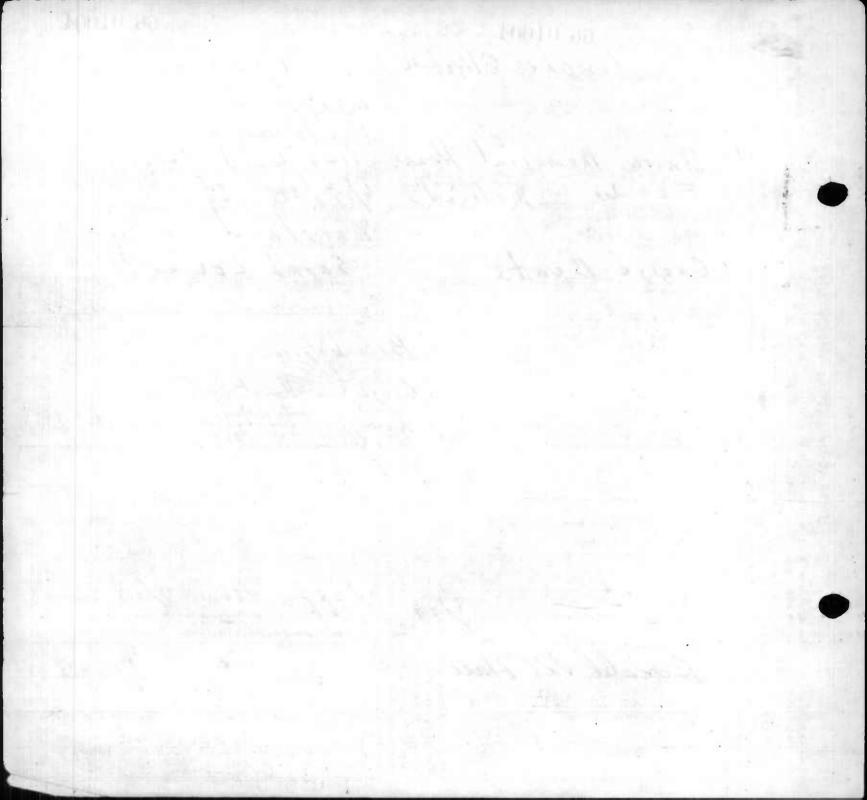
DISEAS (This does no heart failure, injuty at came DISEASES O se la the UNDERLYING 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, larm, lactory, street, alfice bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (II in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notily medical examiner) 21 D. TIME (Manth) (Day) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Wark Wark 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an and that In(my) (aur) apinion death accurred on the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED M.D. Attending Phys. Med. Director 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS

24C. NAME of CEMETERY OF CREMATORY

Haven

Gen

2SC, FUNERAL



23C. PHYSICIAN'S NAME (Type)

24A. BURIAL CREMATION, REMOVAL (Specify)

Burial

25A. DATE REC'D BY

VS 150-REV. 1/1/65

Dr. Maurice Feldman

25B NAME OF REGISTRAR

2/2/1966

		BALTIMORE CIT	Y HEALTH DEPARTMENT		00 01005
BIRTH NO.	66 0	1005 CERTIFICA	ATE OF DEATH	Registered No	. 66 01005
M.E. CASE NO.		1000		AND HOUR OF DEAT	-
1. NAME OF DECEASED		1101 00770440			
		AAC) DREIBAND	JAN	UARY 30, 19	66 2 A. N
3. PLACE OF DEATH II	BALTIMORE, MA	ARYLAND	A. STATE B. COL	here deceased lived. If JNTY	institution: residence before admission)
FULL NAME OF	(If not in hospital	or institution, give street	Maryland		2/-/7
HOSPITAL OR	address or locotio	n)	C, CITY OR TOWN (If	outside city limits, write	e RURAL and give township)
			Baltimore		
J.	5109 Qui	zensberry Avenue	D. STREET ADDRESS	If rurol, give location)	
			5109 Queen	sberry Avenu	le
SEX 6. RA	CE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.
Malla	1116: +0	WIDOWED, DIVORCED (specify)	T. P. 1 1660	lost birthdoyi	Monins Doys Hours Min.
Make. DA. USUAL OCCUPATION	ON (Give kind of wor	Married kiob. Kind OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
one during most of working					WHAT COUNTRY?
Tail	or	Shop	Austria, Hi	ıngary	USA
FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
L	abel Preil	band	Iren	2 ?	
. Was Deceased Ever	in U. S. Armed Fo		17. INFORMANT		ADDRESS
No No	es, give war or date	es of service) SECURITY NO.	Mar 1:00: min	Dunchin Fi	366 Cordelia Avenue
				DUOSICAL 53	
18.420,	14-17	CAUSE	OF DEATH	A	ONSET AND DEATH
	CONDITION DI	RECTLY	2 + MALLER	l. I .ml	A los
This does not m	ING TO DEATH	(A)(Vente myore	court viyou	une 10 mm
heart failure, asthe	nia, elc. Il means				
injury or complice	ion which coused	deoth.)	treleva	MINUMA	10 kg
ANTE	CEDENT CAUSES	(B) UU TO		100-000	
DISEASES OR C	ONDITIONS, if	ony, giving			
rise to the ab		sloting the (C)			
UNDERETING CO	NOTION 10ST.				
OTHER SIGNIFICAL	II	CANTRIDITING	,	L 1	
은 TO THE DEATH	BUT NOT REL	ATED TO THE	DA IN WOME	moustate	2 Km.
DISEASE OR CONI		IT.	20A. AUTOPSY? (Yes or	No. 208 IF YES WED	E FINDINGS CONSIDERED
19A. DATE OF OPER	WAS PER	FORMED	NAM-	IN CERTIFYING	CAUSES OF DEATH?
21 A. ACCIDENT W	AS LINDERLYING	21P BLACE OF INITIBY (2.2	in or obout 21 C. WHERE DID	(Ut in Bultim	nore City, give exact location)
OR CONTRIBUTING	CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	(ii iii poliiii	tore City, give exoct loconon/
DEATH (notity medi	col prominer)	etc.)			
21 D. TIME (Mo	nth) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
(APPROX.)		While At Not Wh	nile		
	(I) (I)		1/1/7	14	1/20
		1) ottended the deceased from	V2 - / // /	19 <i>[a]</i> ta	19.0
that (1) (we) last	sow the deceas	ed olive on	1966 ond	that in(my) (our) o	pinian deoth occurred on the dot
and have ond from	n the couses sta	ted abave. (1) (We) (did) (did nat)	view the body after death	1.	
23A. SIGNATURE		01			23 B. DATE SIGNED

23D. ADDRESS 6610 Cross Country Blvd. M.D. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Baltimore,

25C. FUNERAL DIRECTOR
SOL Levinson & Bros. Workmen Circle Maryland Bros. 6010 Reisterstown Road

YOU IT IN

THE RESIDENCE OF THE PARTY

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en elijil is

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chief medical

hospital

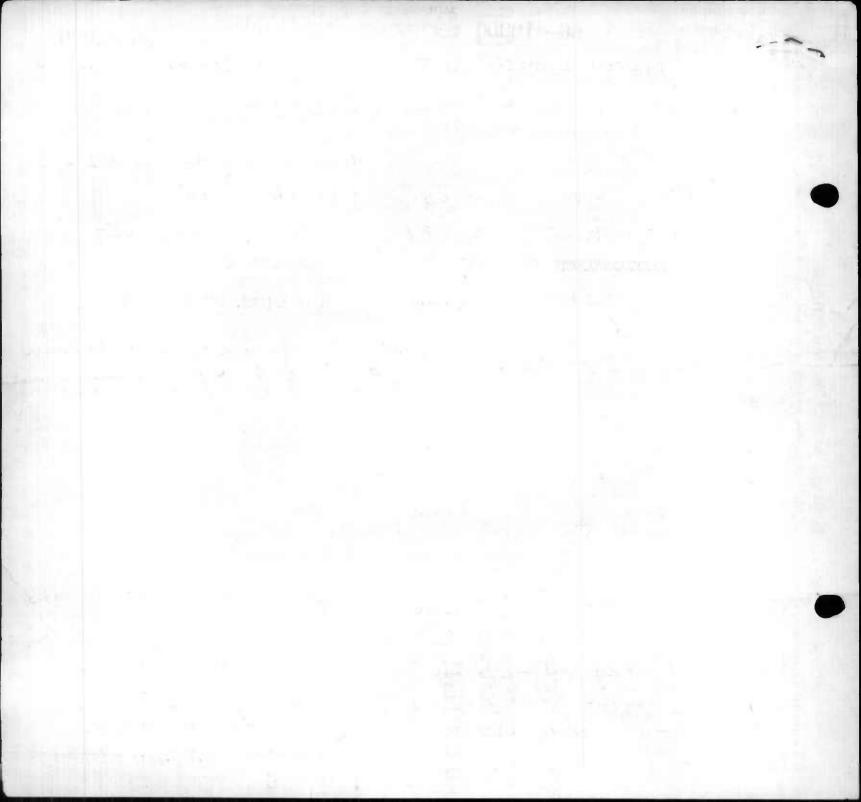
occurred

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66 01006 Real stered No. CERTIFICATE OF DEATH BIRTH NO. rect or contributing cause of death (4) Undetermined cause; (5) Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) Lo 8(1)15 MILTON death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND RESIDENCE (Where deceased lived, Il institution; residence before admission) attendance 8. COUNTY MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township INSTITUTION 0 prior disposition is made. 60 regular 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 6. RACE deceased WIDOWED, DIVORCED (specify) lost birthdov E IDA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign ,country) = done during most of working life, even if retired) DPTOMETR) OPTOMETRIS MOS the 13. FATHER'S NAME ROSE HYMAN HEIT death LO 15, Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT final (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. attendance WIFE IMRS. DOROTHY HEITSAMS XXXXXXX fracture of any CAUSE OF DEATH pronounced OF DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, heart foilure, asthenia, etc. Il means the disease, examiner. regular injury or complication which coused death,) ANTECEDENT CAUSES × ho are 4 DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the = physician UNDERLYING CONDITION lost. the remains Mas (2) Body burns; ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED physician DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) the 0 CERTIFI WAS PERFORMED 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING where OR CONTRIBUTING CAUSE OF the body was released to the hospital å MEDICAL DEATH (notify medical examined etc.) any nature; obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROX.) Work At Work and 22. I certify that (1) (this hospital) attended the deceased from 66 that (1) (we) lost sow the deceased alive on... An accident of eath) hospital ond hour ond from the couses stoted obove((1)/(We) (did))(did not) view the body ofter death. must 23A. SIGNATURE Ö Attending Phys. Med. Director Stoff Phy s M.D. 0 approval 8 23C. PHYSICIAN'S 23D. ADDRESS prior ŧ NAME Hype D.O.A. shows: (1) 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased REMOVAL (Specify) OWINGS MILLS, MARYLAND HAR SINAI BURIAL 2/2/66 Was 25A, DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR TNSON" & BROS. INC. 6010 REISTERSTOWN RD VS 150-REV. 1/1/65

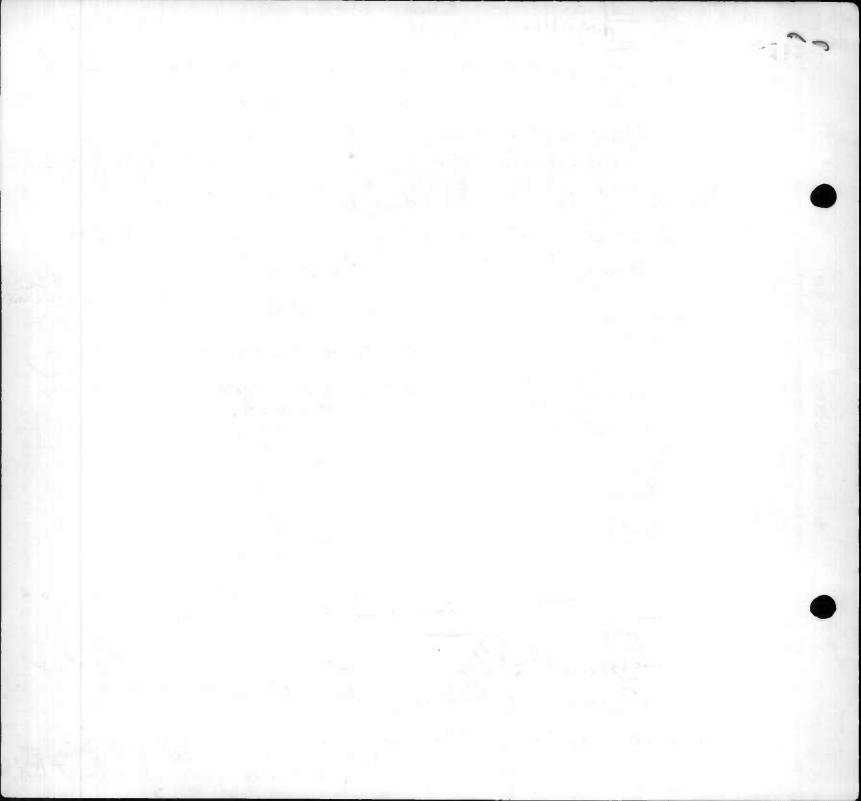
BALTIMORE CITY HEALTH DEPARTMENT

If Under 1 Yr. If Under 24 Hrs. Hours i Min. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exact location)ond that in(my) (our) opinion death occurred on the date 23 B. DATE SIGNED (City, town, or county) (Stote)



VS 150-REV, 1/1/65

	- A P4	BALTIMORE CITY	HEALTH DEPARTMENT		00 01001
BIRTH NO. M.E. CASE NO.	66 01007	CERTIFICA	TE OF DEATH	Registered Na	66 U1007
1. NAME OF DEC (Type or Print)	Kelel	ica He	ndla Jan	HOUR OF DEATH	2 P.
3. PLACE OF DE	ATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE I Where		titution: residence before admission
FULL NAME O	OF (If not in hospital or institution oddress or location)	on, give street	C. CITY OR TOWN III outs	dido city limita unito B	URAL and give township)
INSTITUTION	touse in the	Pines	Ballern		WALL DID GIVE TOWNSHIP!
W.	Belnedere	ane	5308 W	oral, give location)	son ane
5. SEX Femicle	mute -	WED, DIVORCED (specify)		ost bighday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
done during most of	UPATION (Give kind of work 10B. KINE working life, even if retired)	OF BUSINESS OR INDUSTRY	J. BIRTHPLACE Stote or foreign	n country)	12, CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	ME OUT	Home	14. MOTHER'S MAIDEN NAM	LOC.	NO:H=
mer	hoel. The	rken	Nattro.	>	Pa
5. Was Deceased	Ever in U. S. Armed Forces?	ce) 1 6. SOCIAL SECURITY NO.	17 INFORMANT		ADDRESS of Con
no	,	2	Samuel He	ndler-	109 Elen Med
18.42	01/1	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIRECTLY LEADING TO DEATH	m A Cu	de myocard	In retreation	1 2000-
	nat meon the made of dying, asthenio, etc. It means the dise	e.g., DUE TO	112 - 1900 000	1219-970	C
injury ar can	mplication which caused death.)	B.A.	and stice of	actions.	1 Gran
	ANTECEDENT CAUSES	DUE TO	disease		
rise to th	OR CONDITIONS, if any, give above cause (A) stoting				
UNDERLYIN	G CONDITION lost,		·		
E TO THE D	II FICANT CONDITIONS CONTRIBU DEATH BUT NOT RELATED TO CONDITION CAUSING IT.				
	F OPERATION 198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner	21 & PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimore	City, give exoct locotion)
O 21D. TIME OF INJURY	(Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)		While At Not While At Wark			
	that (1) (th is hospitel) attend Hast saw the deceased alive	1000		9 6 3 ta	ian death accurred an the do
	d from the causes stated abov	e. (1) (We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATE	14	M.D. Alle	ending Med.	Stoff	238, DATE SIGNED
23C. PHYSICIA NAME (23D. ADDRESS 5415 Part	K ldeight	3 Dre-
24A BURIAL CRE			,		y, town, or county) IState)
12 MEMOVAL		Worlamen	Cucle 19	allena	o The
25A. DATE REC'D	BY HEALTH DEPT. 258 NA	ME-OF REGISTRAR	25C. FUNERAL DIRECTOR	On Inc	ADDRESS
FEB L	1200 Carrent co.	18 8 B DX	toli Zibuanon	Id /dios	-6000 Reext 1

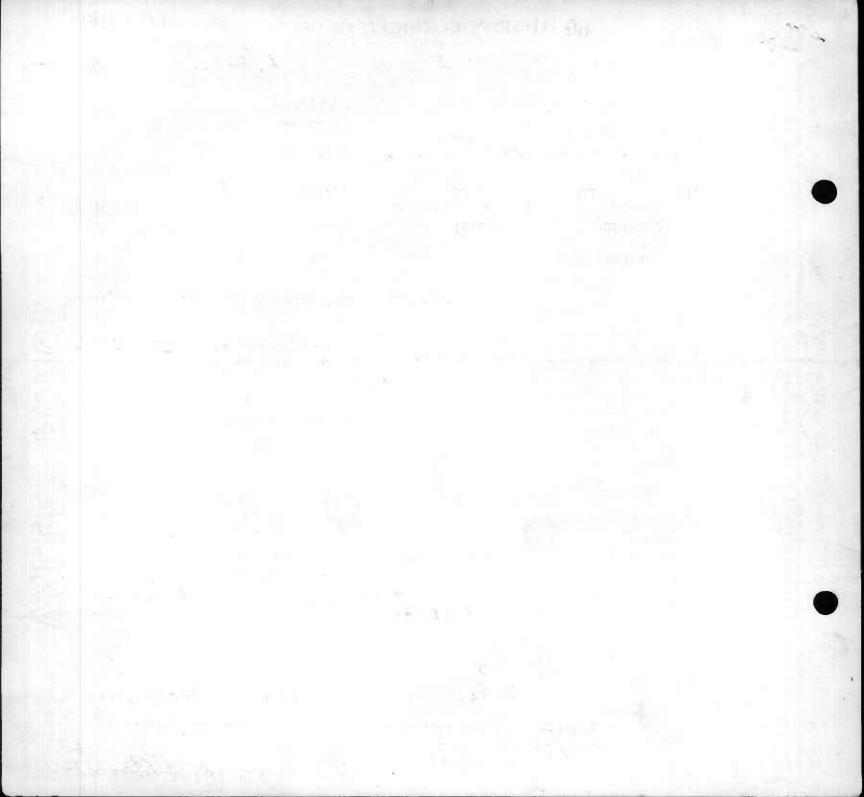


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attendance on the

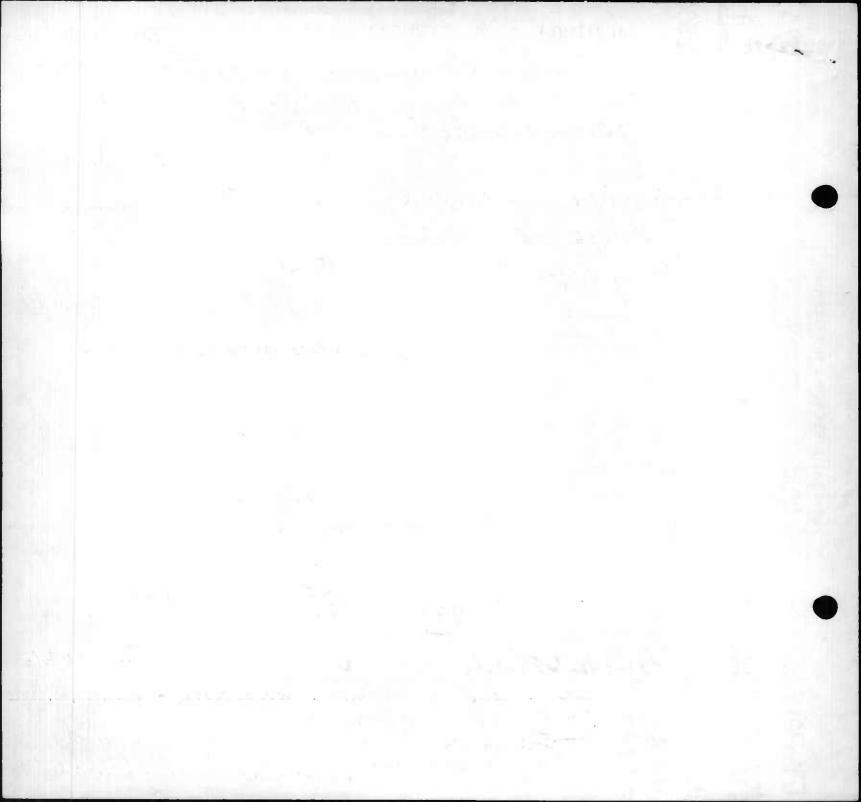
	BALTIMORE CITY	HEALTH DEPARTMENT		00 04 - 0
BIRTH NO. 66 0100	8 CERTIFICA	TE OF DEATH	Registered Na.	66_01008
M.E. CASE NO. 1. NAME OF DECEASED			ND/HOUR OF DEATH	
(Type or Print) SOHN - ABRA	HAM I.	I	128/11	10 8.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. If ins	titution: residence before admission)
FULL NAME OF (If not in hospital or institut oddress or location) INSTITUTION	ion, give street	C. CITY OR TOWN (IF O	utside city limits, write R	URAL ond give township)
LEVINDACE			rurol, give location)	
HERREW-HOME-AM	D-INFIRMARY	LEVINDALE A		
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs.
MALE WHITE 0	VIDOWED	8/1/1872	93	
done during most of working life, even if retired) MERCHANT	RETAIL	11. BIRTHPLACE (State or for RUSSIA	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
KALMAN SOHN		GERTRUDE SE	RMAN	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO NO	219-32-0077	MRS. MARY KR	AMER 4111 K	ENSHAW AVENUE
18.4.2011	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	P	7.	Man Man	
LEADING TO DEATH (This does not mean the made of dying,	e.g., DUE TO	ospero-INFE	ERIOR-112	. 29 Louise.
heart failure, asthenia, etc. It means the dise	0.50			
injury or complication which coused death.) ANTECEDENT CAUSES	(B)	+5CVD -		
	DUE TO			**************************************
DISEASES OR CONDITIONS, if any, girise to the obove cause (A) stoling UNDERLYING CONDITION lost.	The (C)	RONCHOPNI	EU HON, A	
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)
OF INJURY (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(A PPROX.)	While At Not While At Work	e		/ /
22. I certify that (I) (this hospital) attended	0.1	25-15	10 . /	120/11
that (1) (we) last saw the deceased alive		19 and 1	.19ta	ign death assured as the date
and haur and fram the causes stated abov	/			idii dediri occurred di fine dari
23A. SIGNATURE	5. (., (e) (uiu) (uiu nai) V	iew life bady after death.	·	23B. DATE SIGNED
Ci	ary M.D. Atte	ending Med. S. Director	Stoff Phys.	1/2/66
23C. PHYSICIAN'S NAME (Type)	. Aky M.O.	23D. ADDRESS	AI. Hos	spignar -
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY of CRE	_ // // // // // // // // // // // // //		y, town, or county) (State)

FRIENDSHIP BALTIMORE, MARYLAND HEBREW BURTA 25A. DATE REC' NAME OF REGISTRAR D BY 25C FUNERAL DIRECTOR 1966 CTIPST FEB VS 150-REV. 1/1/65



	24	<	-
IMPORTANT	or his assistant if death occurred in a hospital chid Also, if the direct or contributing cause of death	re of any kind; (4) Undetermined cause; (5) Deceased	attendance on the deceased prior to death. Such med or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital dynd the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY HEALTH DEPARTMENT
M.E. CASE NO. 66 01009	CERTIFICATE OF DEATH Registered No. 66 01009
1, NAME OF DECEASED (Type or Pant)	Hochman Jan 28 166 1:30A M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution)	4. USUAL RESIDENCE (Where deceased fived, If institution; residence before admission) A. STATE B. COUNTY Street
HOSPITAL OR oddress or location	Rosloe Rage C. CITY OR TOWN All putside city limits, write RURAL and give township)
	D. STREET ADDRESS (Hyro)ol, give location) 3314 Dochester Roal
temale white wings	WED DIVORCED (specify) B. DATE OF BIRTH 9. AGE (In years lighted by) Months Doys Hours Min.
done during most of working life, even prefired)	OF BUSINESS OR INDUSTRY 11. BIRTHPY ACE (State or foreign country) 12. CITIZEN OF WHAT, COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. Was Deceased Ever Af U. S. Armid Forces? (Yes, no or unknown) (If its, give wor or dotes of evic	ie) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS ALL CATHOLOGICAL SECURITY NO. 2 TO SECURITY
18. 3 3 4 1	CAUSE OF DEATH CAUSE OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Sensal + Ecochrol atresders you
(This does not mean the mode of dying, e heart foilure, asthenio, etc. It meons the disea injury or camplication which caused death.)	.g., 5000
ANTECEDENT CAUSES	(8)
DISEASES OR CONDITIONS, if any, giving the state of the above cause (A) stating the UNDERLYING CONDITION fost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING	OR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimare City, give exact location) home, form, loctory, street, office bldg., INJURY OCCUR? etc.)
21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY (A PPROX.)	21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Work
22. I certify that (I) (this hospital) attende	ed the decased from 1945 19 to date 19
that (I) (we) lost sow the deceased alive a	1177
and hour and from the causes stated above	e. (I) (We) (did) (did not) view the body ofter deoth.
23A. SIGNATURE Mucho Sti	M.D. Attending Med. Director Phys. 238, Date Signed
PHYSICIAN'S NAME (Type) Milton B. Kil	rsh, 4000 W. Northern Parkway - Baltimore, Md. 2121
Removal (Specify)	MANUSCRIPTOR DIOCHARD COUNTY) ISTOTED AND RESTRICT OF REGISTRAR 25C. AUNERAL DIRECTOR ADDRESS
FEB 1 1966 O. A 294 VS 150-REV. 1/1/65	talled of Sol Leonoran & 12102 6010 Kent &

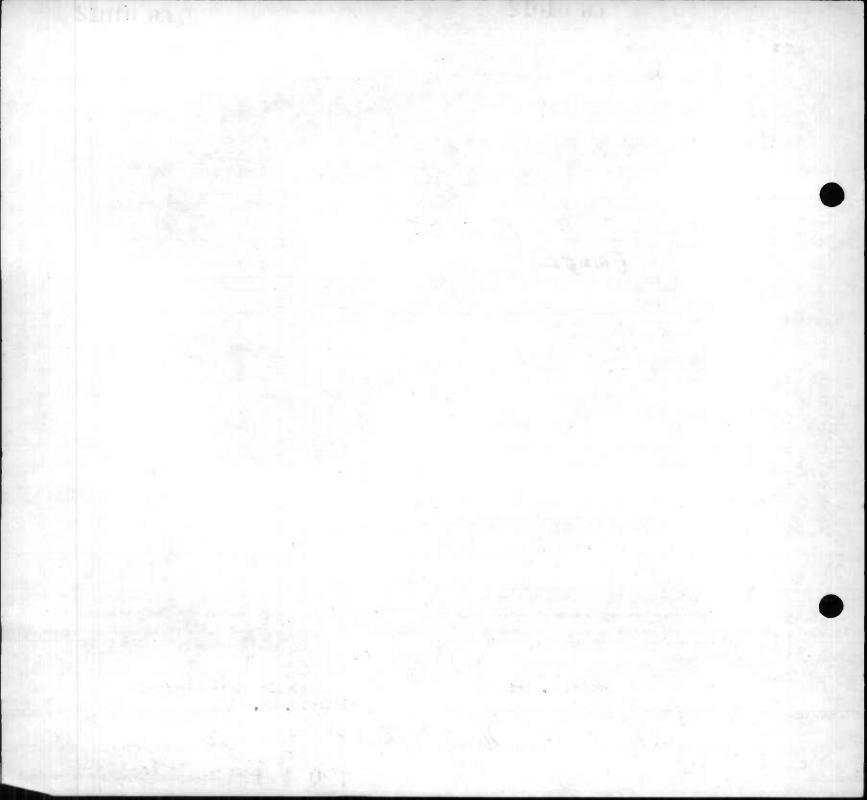


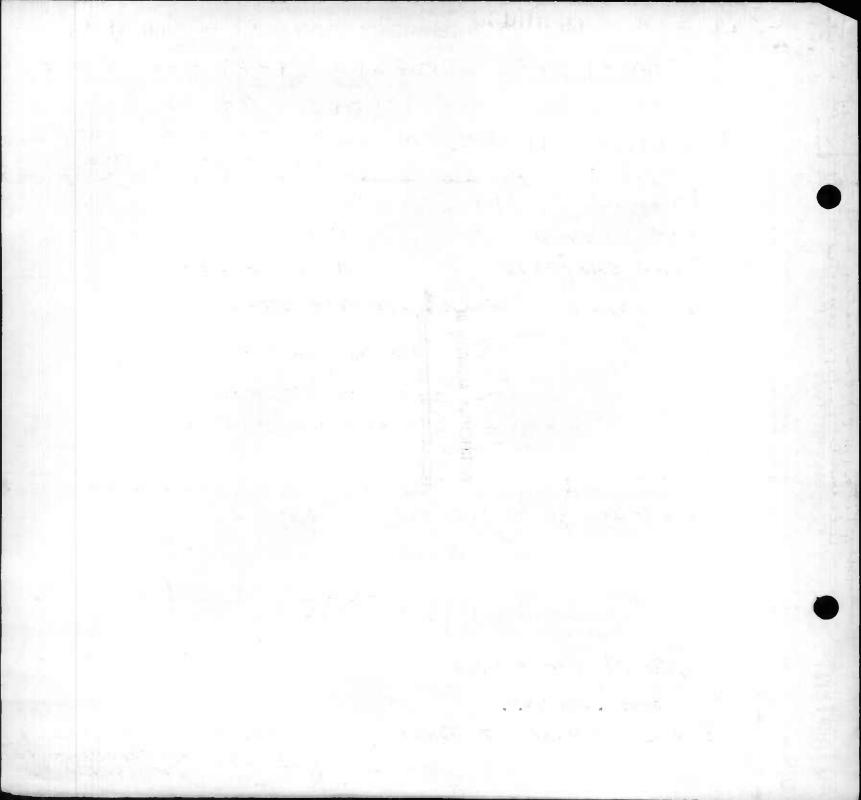
V\$ 150-REV. 1/1/65

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BIRTH NO. 66 01011	BALTIMORE CITY	HEALTH DEPARTMENT	Pagistared No	66 01011
M.E. CASE NO. 1. NAME OF DECEASED	CERTIFICA	TE OF DEATH	D HOUR OF DEATH	
(Type or Print) MOYVIS	Buchman	28.70	u 1966	11:009
FULL NAME OF (If not in hospital or institute oddress or location) Single Associated Research	tion, give street	Maryland c. city on jown (16 out: Baltimore	TY side city limits, write	nstitution: residence before odmissic 28-02 RURAL and give township)
	RIED, NEVER MARRIED DWED DIVORCED (specify)	B. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working lile, even if retired) REAL ESTATE P	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
JOSEPH BUCHMAN		14. MOTHER'S MAIDEN NAM REBECCA	?	
5. Was Deceosed Ever in U. S. Armed Forces? Yes, no granknown) (If yes, give wor or dotes of servi	ice) 1 6. SOCIAL SECURITY NO.	MR. HAROLD BUCK	HMAN 4578 T	ADDRESS DERBY MANOR DRIVE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heal failure, asthenia, etc., it means the dise injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating	(B) Agen'o	no cav dial Theav sclerotic laidrongscu	Cotion for Lisease	INTERVAL BETWEEN ONSET AND DEATH
WAS PERFORMED	THE OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)		
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	fice bldg.,	(If in Boltimo	re City, give exoct locotion)
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID INJU	JRY OCCUR?	
22. I certify that (this hospital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated above	an Z8 Jan	19 66 and the	966 ta 2 It in (my) (Sur) ap	inion death accurred an the d
23A. SIGNATURE Solomon Roll 23C. PHYSICIAN'S NAME (Type) Solomon Ro	Phy	nding Med. Sinai Hosp	Stoll Phys. D	28 Jan 1960 28 Jan 1960
BURTAI	C. NAME OF CEMETERY OF CRE HAR ZION TIFERET	MATORY 24D/LO	SEXDANDEX, MAR	
PFB 1 1966 Q &	MOOF TEST ALMEN	25SOL PERVINSON	& BROS.INC	.6010 REISTERSTON





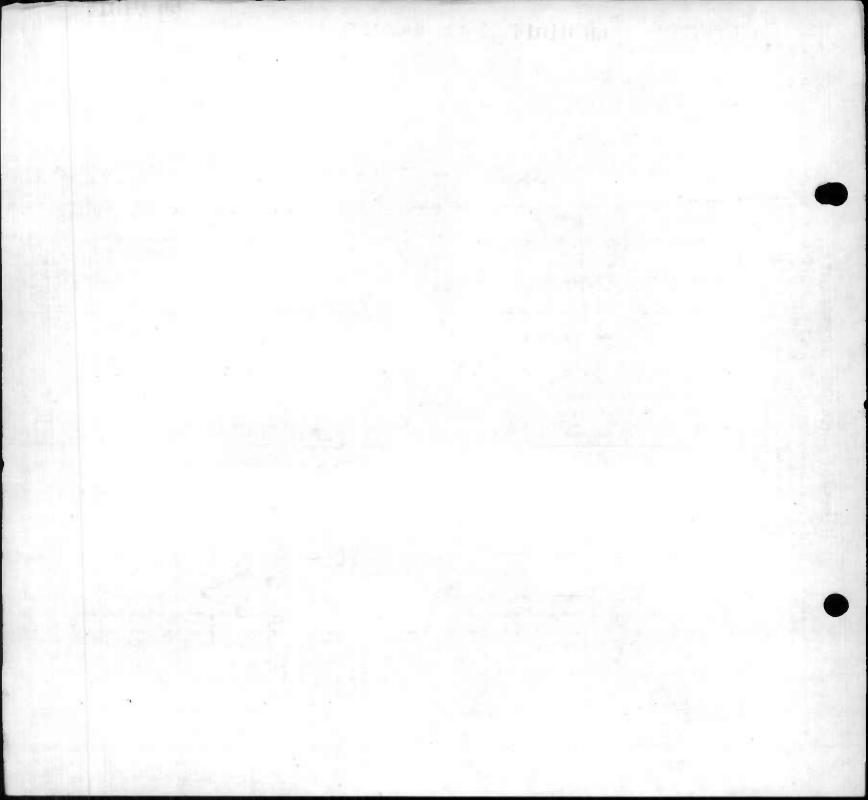
BIRTH NO.

M.E. CASE NO.

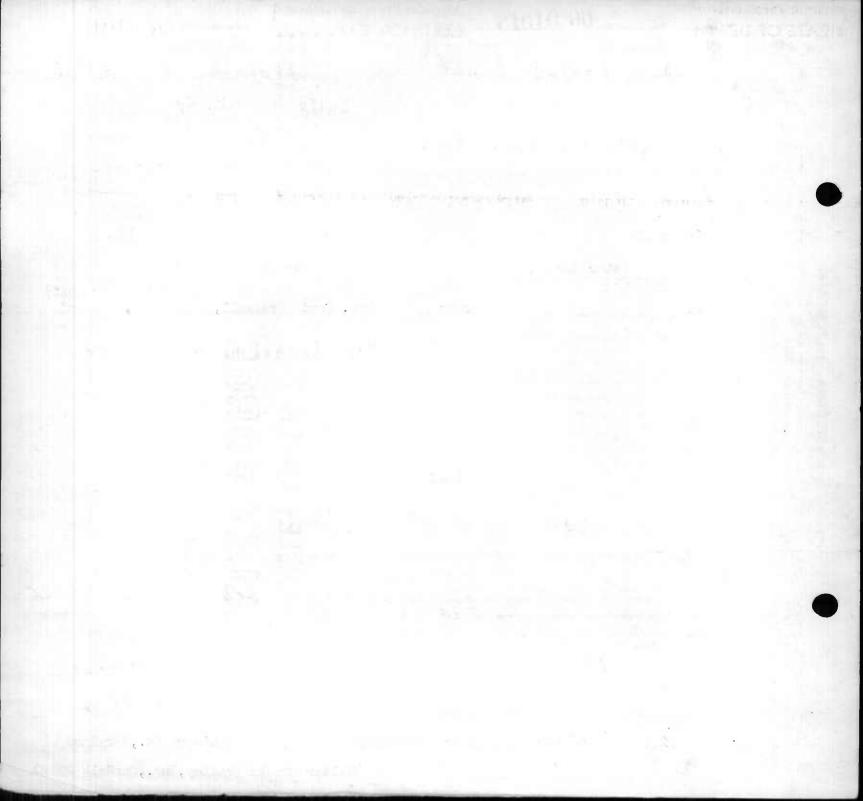
BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered Na.



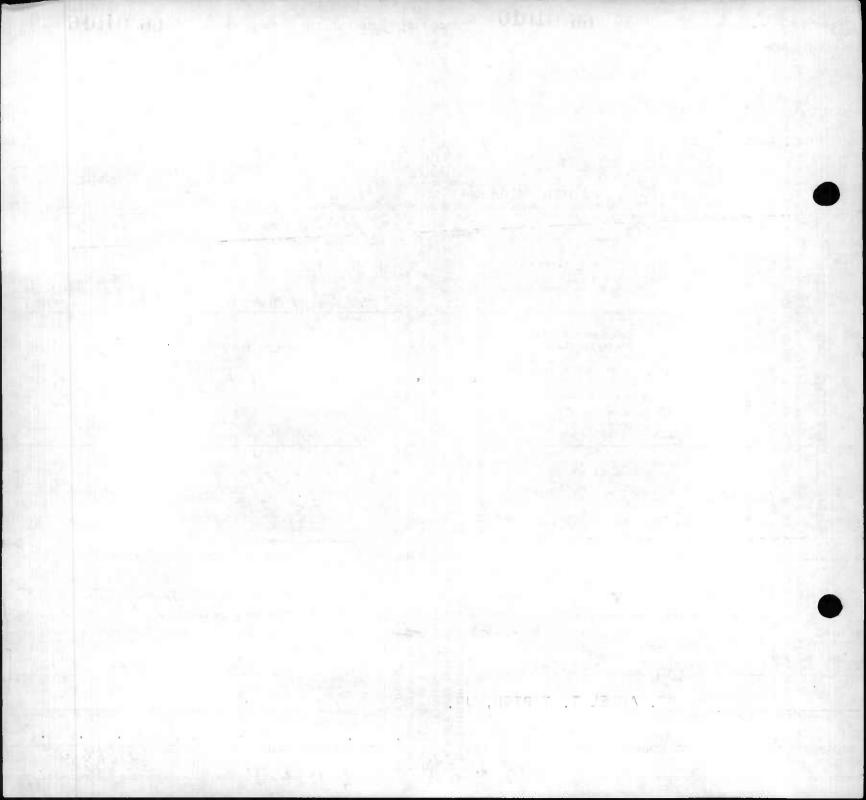
	CC OLOAN	BALTIMORE CITY	HEALTH DEPARTMENT	X	
	7H NO. 66 01015	CERTIFICA	TE OF DEATH	Registered No	6 01015
1.N	AME OF DECEASED	/	2. DATE AN	D HOUR OF DEATH	-10 1
	Tule Louise f	isher	285	an 66	15th M
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND '	, ,	4. USUAL RESIDENCE (When	e deceased lived. If inst	titution: residence before odmission)
	FULL NAME OF (If not in hospital or institutio	n, give street	Balto	Balto	
	HOSPITAL OR oddress or location) NSTITUTION				JRAL and give township)
1) fayette Convalesce	nt Home		cy. Dundalk	5500
6	Payer Commercia	11 1101110	2628 Lihert	. 1)	222
5. 9		ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In/years	If Under 1 Yr. If Under 24 Hrs.
4		ved, DIVORCED (specify)	21 Hovigh	lost birthdoy)	Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10 B. KIND		11, BIRTHPLACE (State or foreign	gn County)	12. CITIZEN OF
don	e during most of working lile, even if retired)		Managara and		WHAT COUNTRY?
13.	Housewife FATHER'S NAME		Maryland 14. MOTHER'S MAIDEN NAM	ΛE	USA
	Peter Martell		Barbara	(unknown)	
S.	Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Ye	s, no or unknown) (If yes, give wor or doles of service	SECURITY NO.			75 (Manor Road)
_	no lib.	none CAUSE O	Mrs. Doris Cres	well, Glen	Arm, Mary Land
	DISEASE OR CONDITION DIRECTLY	0,1002	0 (ONSET AND DEATH
	LEADING TO DEATH	(A)	Bronehopner	monia	3 d
	(This does not meon the mode of dying, e. heart failure, asthenia, etc. It means the disease		ambaanampenemberamberber 195 aa aa baabaaa ampenemberam oo aa abb		
	injury or complication which caused death,)				
	ANTECEDENT CAUSES	(B)	3 5 5 7 9 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	000000000000000000000000000000000000000	
	DISEASES OR CONDITIONS, if any, giving the property of the pro				
	UNDERLYING CONDITION lost.	he (C)	***************************************		**************************************
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO	THE Blinds #11	VD-Ostroavthri	tie	
CAI	DISEASE OR CONDITION CAUSING IT.	R WHICH OPERATION			INDINGS CONSIDERED
CERTIFIC	WAS PERFORMED	N WITCH GIERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	SES OF DEATH?
CEI	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
CAL		nome, form, factory, street, o etc.)	mce blag., INJURT OCCUR!		
0		TE. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ME		While At Not While Work At Work	e		
	22. I certify that (1) (this haspital) attended			1965 to 2	8 Jan 1966
	that (1) (we) last saw the deceased alive a		//		ian death accurred an the date
	and haur and from the causes stated above				
	23A. SIGNATURE	(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	To the sea of the country		23B. DATE SIGNED
	Hulla	M.D. Atte	ending Med.	Stoff Phy s.	28 Jan 66
	23C.PHYSICIAN'S		23D. ADDRESS		
	23C. PHYSICIAN'S NAME (Type)	M.D.	2214 F Fay	lette St;	21231
24/	A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CR			/, town, or county) (State)
	Burial 1/31/66	Oale Torm Comst	Amer	Paltiment	Co Manual and
25/	A DATE REC'D BY HEALTH DEPT. 25B, NAM	Oak Lawn Cemet	2SC. FUNERAL DIRECTOR	Daltimore	Co. Maryland ADDRESS
	REB 1 1966 Clear 4.	Total english of	Walter Brook	s Bradlev.In	c., Dundalk 21222
US.	150-REV. 1/1/65	7 11 1	HI U F Y	and the state of a sett	The second secon



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the characteristic of the physician was in regular attendance. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. 66 01016 CERTIFICA	ATE OF DEATH Registered No. 66 01016
M.E. CASE NO. I, NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Pant) Downs, Bertha Ethel	1/26/66 2:55 P.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
	Mary and Profits
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	C. CITY OR JOWN, (If outside city, limits, write RURAL and give township)
INSTITUTION	1/hite Hall 53-00
1 11. NI (11 +1	D. STREET ADDRESS (If ruiol, give location)
The Union Hemorial Hospilal	150x 431
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. (If Under 24 Hrs. Months; Days Hours; Min.
1/ TMAIC CAUCASIAN WILDOWED	1118/80 86
	IY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Housewife 13. FATHERS NAME Oliver Lowe	Mary and V.S.A.
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
Dliver Lowe	Losz Grove
III 2. Was Deceased Ever in U. 2. Armed Forces: II o. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Muc Hazel A. Harrington 8-17 100 Md
IIB. CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	pertensive Cardiovascular Ming Years
(This does not mean the mode of dying, e.g., DUE 10/	
injury ar camplication which caused death.)	abetes mellitus 3 years
ANTECEDENT CAUSES (8)	averes recirios
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) stating the (C) UNDERLYING CONDITION tast.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEAY disease or condition causing it.	ration + Uvenia
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?
OF INITIAL (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
White At Not Wi	
(APPROX) Work At Wor	
22. I certify that ((this hospital) attended the deceased from	
that (M) (we) last saw the deceased alive on January	26 19 66 and that in(our) opinion death occurred on the date
and hour and fram the couses stated obove. (Me) (did) (
23A. SIGMATURE	23B. DATE SIGNED
Act - pleare for	ttending Med. Stoff Phys. 9 1/26/66
23C: PHYSICIAN'S NAME (Type)	23D. ADDRESS
DR. ANCEL T. TIPTON, JR.	33vd + Calvert 0/5,
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of C	REMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 1/29/66 Vernon Meth.	Cem. White Hall, Balto. Co., Md.
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR
FEB 1 1966 Q. D. & farfaget	25C. FUNERAL DIRECTOR Ordlun Stewerstein
VS 150-REV. 1/1/65	



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BALTIMORE CITY HEALTH DEPARTMENT

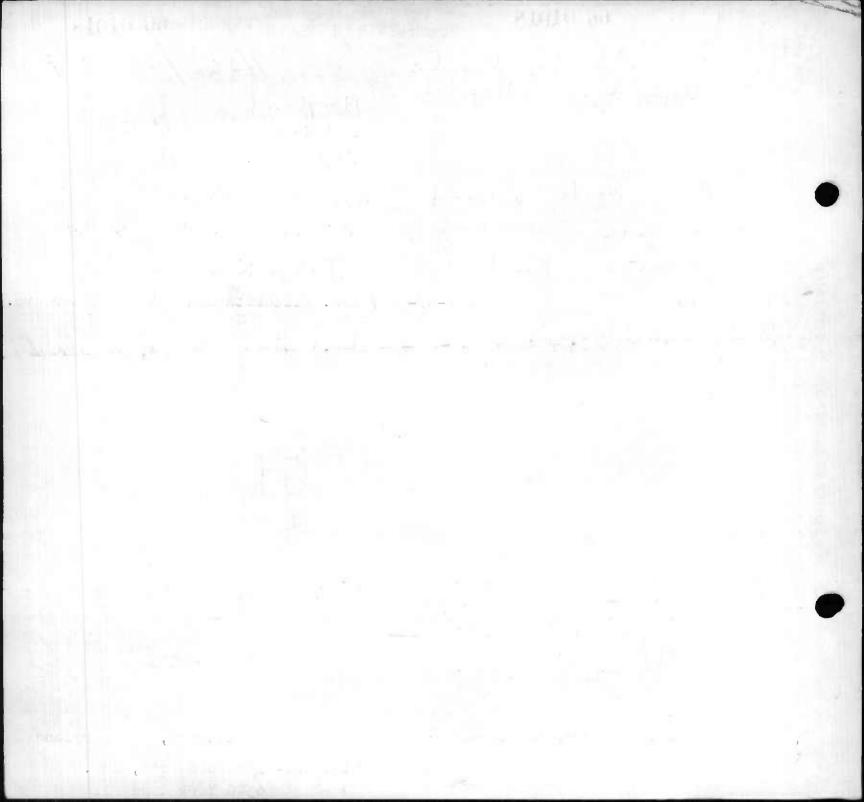
Registered	No. 66 D	015
9	00	

	H NO.	OD OTH	d. /	CERTIFICA	TE OF DEAT	H Registered N	·· 66 U1017		
N.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Lillian F. Paulsen					January 27, 1966 3 A. M.				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street oddress or location) (If not in hospital or institution, give street oddress or location) (Al 20 Moravia Road					4. USUAL RESIDENCE A. STATE B. Maryla	(Where deceased lived. If COUNTY and	f institution: residence before admission)		
					C. CITY OR TOWN (If autside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 4120 Moravia Road				
								5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	
Female White Marri				August 8,191	12 53	12. CITIZEN OF			
done during most of working life, even if retired) Machine Operator Polan-Katz Co.					Baltimore		WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME					14. MOTHER'S MAIDE		0.5.A.		
Oliver F. Schaefer					Ida M. Redgrave				
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no arunknawn) (If yes, give war ar dates of service) SECURITY NO.					17. INFORMANT ADDRESS				
	No 218-22-5536				Alfred S.Pa	aulsen 41:	20 Moravia Road		
	DISEASE OR CONDITION DIRECTLY						INTERVAL BETWEEN ONSET AND DEATH		
	LEADING TO DEATH (This does not mean the made at dying, e.g., heart failure, osthenia, etc., It means the disease, injury or complication which coused deoth.) (A) Control of Ovaries (A) DUE TO DUE								
	ANTECEDENT CAUSES (B)								
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)									
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
CERTIFICATION	19A. Date of Operation 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Carryna 1 Ovaris				20 A. AUTOPSY? (Yes	or No) 20B. IF YES, WEI	(No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
	OR CONTRIBUTING CAUSE OF				ar about 21 C. WHERE Diffice bidg., INJURY OCC	DID (If in Baltin UR?	nare City, give exact lacation)		
MEDICAL				21F. HOW DID INJURY OCCUR?					
	22. I certify that (1) (this hospital) attended the deceased fram 19 ta 19 ,								
	that (1) (we) last saw the deceased alive an								
	and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death.								
	23A. SIGNATURE Attending Med. Phys. Ned. Phys. Stoff Phys. 1-28-						1-28-66		
	23C. PHYSICIAN'S NAME (Type) A, C, SOLLOD M.D. 707 C, FOTTURE- 36								
24A	BURIAL CRE	Specify)		NAME of CEMETERY OF CRE	MATORY 2		(City, town, or county) (State)		
25A	Buria DATE REC'D	7 7 7		Western Cemet	tery 25C. FUNERAL DIRE	Baltimore ECTOR	Maryland ADDRESS		

Wm Cook-Brooks, Inc.

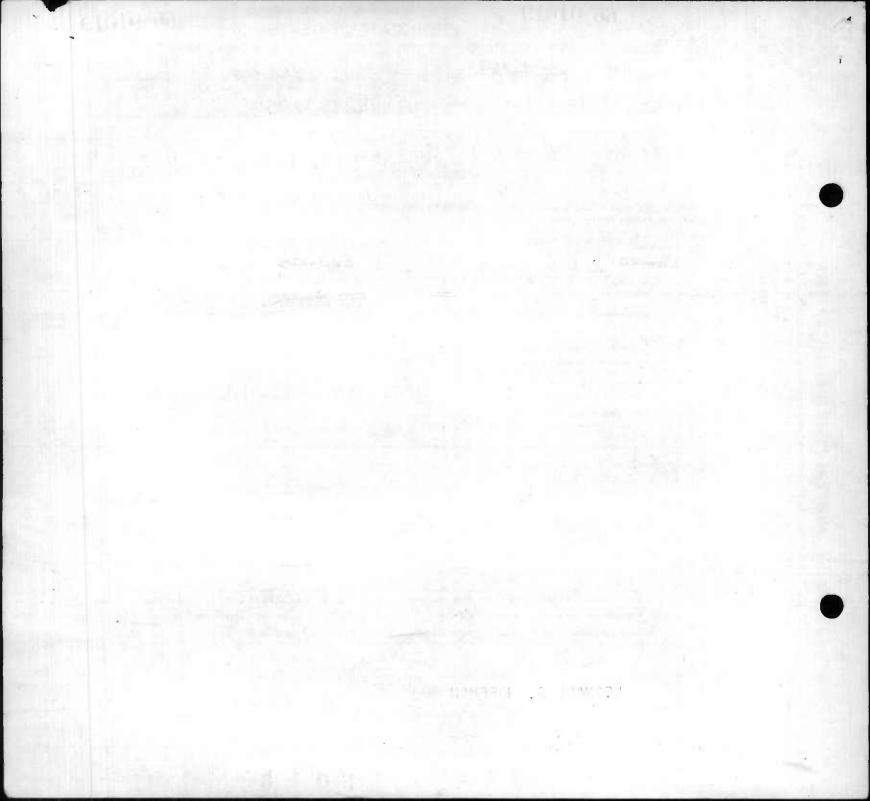
1217 St. Paul Street

the first of the second 4 4 5



This certificate must be appraved by the chief medical examiner ar his assistant if death accurred in a hospital and the bady was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician wha pronounced death was in regular attendance on the deceased priar ta death); and (6) No physician was in regular attendance an the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final dispasition is made. IMPORTANT FUNERAL DIRECTOR:

	66 01019	BALTIMORE CITY	HEALTH DEPARTMENT	C	C (Mario)
BII	RTH NO.66-0163466 01019	CERTIFICA	TE OF DEATH	Registered No.	6 01019 2
	.E. CASE NO. NAME OF DECEASED			ND HOUR OF DEATH	
(T)	pe or Print BARN Box White	_	JAN	23 66	10:20 A M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	ere deceased lived. If ins	titution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give	street	43/2 WOOD	CFA	2-6-0
11/	HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If ou	itside city limits, write R	URAL ond give township)
47	10/1 1 00 0 11		D. STREET ADDRESS (IF	rural, give location)	206
	INION Momerial Kespital		4312 Was	0	UE
5.	SEX 6. RACE 7. MARRIED, NE		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
	M W WISOMED, B	IVORCED (specify)	JAN 23 1.6	Uhis	Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER- USN VICTNOM		BAIT DIA		USH
13	FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
	RICHARD White		EDWARDS	June	
15 (Y	. Was Deceased Ever in U. S. Armed Forces? as, no or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	0 0	8			
	18. 7 9 3 3	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Dy	·		T. 1- 0
	(This does not mean the mode of dying, e.g.,	DUE TO	emarina		5.17765
	heart failure, osthenia, etc. Il means the disease, injury or complication which caused death.)	P	5	1	1.0
	ANTECEDENT CAUSES	(B) / /=S	PIRMORY DE	New Thoras	X.C
	DISEASES OR CONDITIONS, if any, giving	501.0	V		
	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(C)		000000000000000000000000000000000000000	
	II .			· · · · · · · · · · · · · · · · · · ·	
C	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	7	Mark		
CATI		CH OPERATION	20 A. AUTOPSY? (Yes or N	o) 208. IF YES. WERE F	INDINGS CONSIDERED
EPTIEIC	WAS PERFORMED		Vul	IN CERTIFYING CAL	ISES OF DEATH?
1	21A. ACCIDENT WAS UNDERLYING 21B. PLA	ACE OF INJURY (e.g., i	in or about 21 C. WHERE DID	(If in Boltimore	City, give exect tecetion)
14	DEATH (notify medical examine) etc.)	ding tocidity, success of	, into stage, into ki decek.		
AAFDI	21D. TIME (Month) (Day) (Year) (Hour) 21E, IN.	JURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
2	(APPROX.) While Work	At Wark			
	22. I certify that (I) (this hospital) attended the				N22 19 30 My - C
	that (I) (we) lost sow the deceased alive on	nn 23 1630	App 1966 ond th	hot in (my) (our) opin	ilan deoth occurred on the dote
	and hour and from the couses stated above. (1) (V	Ne) (did) (did not)	view the body ofter deoth.		
	23A. SIGNATURE	M.D. Att	ending Med.	Stoff S	23B. DATE SIGNED
	Monard S/W Mman	()) Phy	s. Director	Phys	1/23/66
	NAME (Type) LEONARD S. HOFFM		23D. ADDRESS	1/	0.01
24	HOFFMAN LEONARD	E OF CEMETERY OF CR	EMATORY 1341	m //egp 3	Brd + alvut
124	REMOVAL (Specify)	A CENTETERT OF CR	. 240. 1	LOCATION	y, town, or county) (State)
25	A. DATE REC'S BY HEALTH DEPT. 1258. NAME OF R	TT GUL	25C. FUNERAL DIRECTO	PALTO	ADDRESS
23	FEB 1 1966 Q Q 4- 80 Fa Q		Ill ITALIE	11. 1/c	TEEIM
IL.	150-REV. 1/1/65	A. 0 0	17075	TO VVIGI	C F C L)
			6	100 70161	150



FUNERAL DIRECTOR: IMPORTANT	PORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death).	is assistant if death occurred in a hospital and of if the direct or contributing cause of death any kind; (4) Undetermined cause; (5) Deceased or can death was in regular attendance on the of indance on the deceased prior to death. Such
Written approval must be obtained before the remains are embalmed or final disposition is made.	or final disposition is made.

66 01020	BALTIMORE CITY	HEALTH DEPARTMENT	00	41.4
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered 66	01050
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Type or Print) Bertie W.	Cox	Jan	25 19	1661 7:30 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If ins	
		M (0	600
FULL NAME OF (If not in hospital or instituting HOSPITAL OR oddress or location)	on, give street	C. CITY OR TOWN (If outside		JRAL ond give township)
INSTITUTION		n 1+		Share one give township?
Church Homes	Haratal		ol, give location)	
Choren Homes	1105/1141	Church M	ome , Ho	spital
	IED, NEVER MARRIED		AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	ver married	12-7-82	st birthdoy)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	hone	Maryland		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		U.S. A.
The Cax		e 1		
John Cox		Jaral	Wate	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	none-	J. W. Crowley	Severna	Park, Md.
18. 4 22 /	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		1 /	T 0	
LEADING TO DEATH	(A)	A yeuro sclera	Gc Care	GOV 20 years
(This does not mean the mode of dying, a heart failure, asthenia, etc. 11 means the disea	e.g., DUE TO	distant		1
injury or complication which caused death.)		Arferio sclero direase unpersonal	ola or	· · · · · · · · · · · · · · · · · · ·
ANTECEDENT CAUSES	(B)	Joseph Carray a C	- October	a auditer
DISEASES OR CONDITIONS, if ony, giv		20 FS A		luiued
rise to the above couse (A) stating UNDERLYING CONDITION fost.	The (C)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING	. 0		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE Chrace	ie bain to	hedrice.	100
19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes at Na)		NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED			THE CERTIFICATION CAN	SES OF BEATH:
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Dov) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJUS	RY OCCUR?	
S OF INJURY (APPROX.)	While Al Not While Work At Work	е		
22 1			15 M	22
22. 1 certify that () (this hospital) attende		61	65 to Ja	4. 25 19.66
that () (we) last saw the deceased alive (1		in(my) (autr) apin	ian death accurred an the date
and have and from the causes stated above	o. (I) (We) (did) (did nat) v	riew the bady after death.		
23A. SIGNATURE				23B. DATE SIGNED
On Mall	CLCC M.D. Atto	ending Med. SI	off nys.	1.25.66
23C. PHYSICIAN'S NAME (Type) A. NAHUF	,	23D. ADDRESS		
H.NAROP	M.D.	Church Hx	CY.	
24A. BURIAL CREMATION, 24B. DATE 240	NAME of CEMETERY OF CR	EMATORY 24D. LOC	CATION (City	, tawn, or county) (Stole)
Burial 1/27/66	Druid Ridge		,	ounty, Md.
D	AE OF REGISTRAR			
THE TO I HORO A A 2 Dec.	La A. M. A.	25C. FUNERAL DIRECTOR		ADDRESS
PED T 1900 CE KNEW ES	TOTAL PROPERTY OF 17	o Mitomell-Wie	edefeld Ho	ome, Inc.
V\$ 150-REV. 1/1/65			500 York	Road #12

Charack Homes Hospital - Baltimores Homes Hoppital F Can Novemberrial 12-7-82 83 mangleyad and many USA John Cox Soval Waters market willing to be well as

	22 01 21	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 01001
	BIRTH NO. 66 01021	CERTIFICA	TE OF DEATH	Registered No.	66 01021
	M.E. CASE NO. 1. NAME OF DECEASED (Type of Print)	- 1 1 1	2. DATE AN	D HOUR OF DEATH	
	3. PLACE OF DEATH IN BALTIMORE, MARILAND	DedushAg	4. USUAL RESIDENCE (Where	n = 25 - 66	ion; residence/belore admission)
			A. STATE B. COUN	TY	8-01
	FULL NAME OF (II not in hospital or institut HOSPITAL OR address or location) INSTITUTION	ion, give street	C. CITY OR TOWN (If out	side scity limits, write RURA	L ond give township)
/	7)		139	110.	
0	3328 Elman	a AVE	D. STREET ADDRESS	rurol, give locotion)	
מפש		RIED, NEVER MARRIED OWED, DIYORCED (specify)	B. DATE OF BIRTH	9. AGE (In years If Mo	Under 1 Yr. If Under 24 Hrs.
E	Male White	WidoWed	JUHE 21 1891	74	
	done during most of working life, even if retired	D OF BUSINESS OR INDUSTRY	0	gn country) 12	CITIZEN OF WHAT COUNTRY?
Isposition	Black Smith	cetired	14. MOTHER'S MAIDEN NAM	AE	O. J. A.
Spo	2 Nodi	sl. Ka		9	
3	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no grunknown) (If yes, give wor or dotes all serv	1 6, SOCIAL	17. INFORMANT	`7	212 Beach AVe
Buil	No	212 10 1158	Josephino Nied	derwemme	
	18.420,11	CAUSE C	OF DEATH	-01	INTERVAL BETWEEN ONSET AND DEATH
0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)	Corporation	Thorombox	esi -
palmed	(This does not mean the mode at dying, heart failure, asthenio, etc. It means the disc	e.g., DUE TO	n + 1		/ /
e H	injury or complication which caused death.) ANTECEDENT CAUSES	(B)	arlerione	rolle (-1	1- Disease
are	DISEASES OR CONDITIONS, if any, gi	DUE TO			
	rise to the above couse (A) slating UNDERLYING CONDITION last,	the (C)			•••••••••••••••••••••••••••••••••••••••
0	- 11				
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
100		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	10 208, IF YES, WERE FIND	INGS CONSIDERED OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,			y, give exact tocofion)
Detore	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	home, lorm, factory, street, cetc.)	ffice bldg., INJURY OCCUR?		,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	(APPROX)	While At Not Whi	le 🗌		/
000	22. I certify that (I) (this happen) attend	led the deceased from	1 1 -	1977 10	125 1966.
0	that (1) (we) last saw the deceased alive			at in (my) (our) apinion	death accurred an the date
must	and haur and fram the causes stated above	re. (I) (No) (did) (dig noi)	view the bady after death.	238	DATE SIGNED
	100	Leveus M.D. Att	ending Med. Director	Stolf Phys.	1/27/66
approvai	23C. PHYSICIAN'S NAME (Type)	IVENK	23D. ADDRESS	8	10 -
bb	L.D.	M.D.	0700	oracua	en close
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) TA (/) G (/	IC. NAME of CEMETERY OF CR	WENA 24D. LO	ELKRIDGE	own, or county) (State)
Written	25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	LENNING	ADDRESS
3	FEB 1 1966 @ C. 6 5	Jane MA	DIPPEL BI	POS INC 180	DELUMBARE
	VS 150-REV. 1/1/65	10000	0 1 0 2		57,

IMPORTANT FUNERAL DIRECTOR:

the chief medical examiner

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Body

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An accident

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approved

Also,

6 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY (If outside city limits, write RURAL and give township) Baltimore City Hospitals, Baltimore 4940 Eastern Avenue prior D. STREET ADDRESS (If rural, give lacation) 21231 Baltimore, Maryland 21224 1737 East Lombard Street is made. regular 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years S. SEX If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min. deceased WIDOWED, DIVORCED (specify) lost birthday 10-29-1899 Female White 10A, USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF disposition done during most of working life, even if retired) WHAT COUNTRY? 2 Georgia Trket Taker Movies MOS the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Nutter Marcia Bell eath LO 15. Was Deceased Ever in U. S. Armed Farces? 6. SOCIAL 17. INFORMANT final (Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO. Allen A. Hendrix Records: BCH-4940 3913 Mt. Pleasant Ave Eastern Avenue 21224 attendance O 219-05-0519 20 CAUSE OF DEATH INTERVAL BETWEEN pronounced ONSET AND DEATH DISEASE OF CONDITION DIRECTLY Mrumonia, CHF, CUA embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving la the above cause (A) stating the physician before the remains UNDERLYING CONDITION last. WOS CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes a Na) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION the No 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY(e.g., in ar about 21C. WHERE DID hame, larm, factory, street, affice bldg., INJURY OCCUR? ere (If in Baltimare City, give exact location) OR CONTRIBUTING _ CAUSE OF MEDICAL ŝ DEATH (natify medical examiner) etc.) × obtained 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While OF INJURY (except While At (APPROX) Work and 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on. 19.60 and that in (our) opinion death accurred on the date be death) hospital and hour and from the couses stated above. (1) (We) (did) did not) view the body ofter death. must 23A. SIGNATURE 23B, DATE SIGNED Attending M.D. Med. 0 Phys. Director written approval O 23 C. PHYSICIAN'S 234949 Eastern Avenue, Baltimore, Maryland prior 10 NAME (Type D.O.A. Ellfott City 24A. BURIAL CREMATION, 24B. 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION eceased REMOVAL (Specify) Burial Feb. 1. 1966 St. Johns Cemetery
DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR MOS ADDRESS Dippel Brothers Inc. 1800 E. Lombard St. 0 VS 150-REV. 1/1/65

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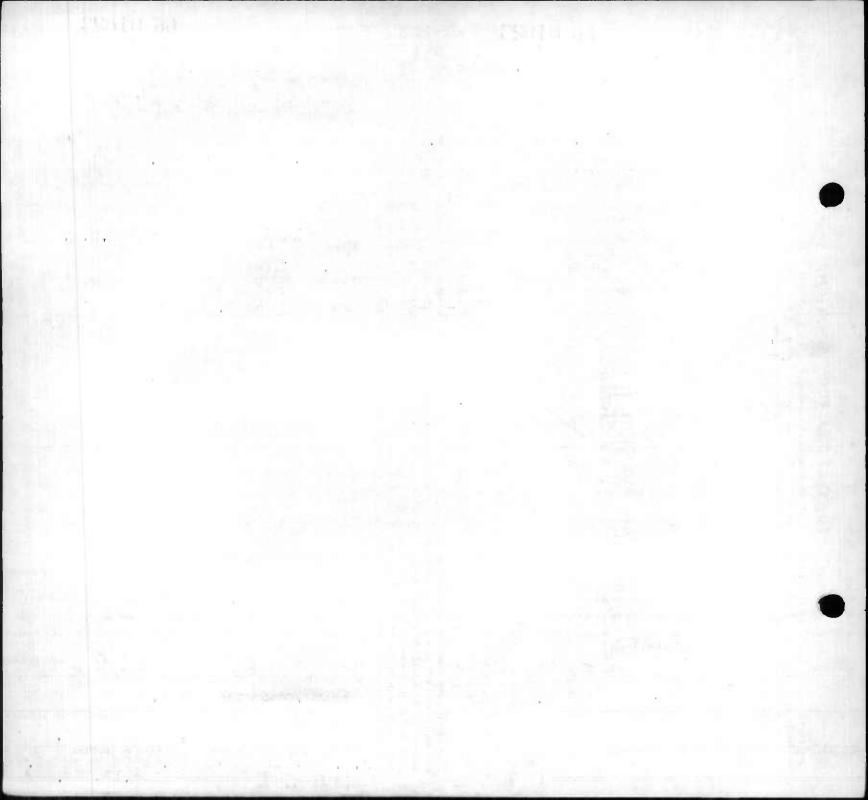
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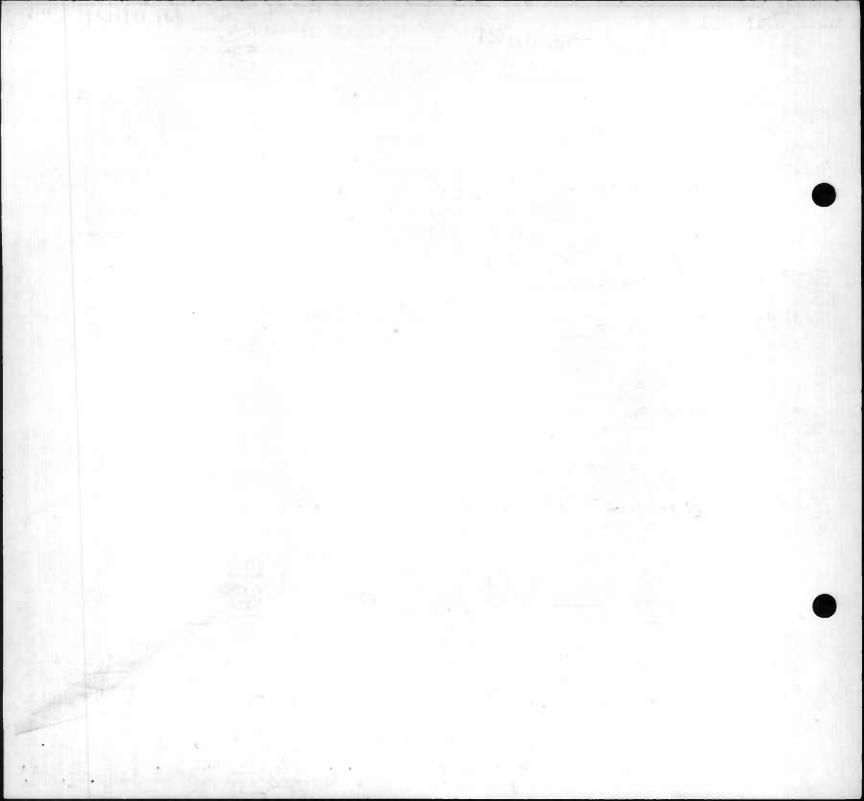
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				BALTIMORE CITY	HEALTH DEPARTMEN	Т	-6.01.00
BIRT	H NO.	99	01023	CERTIFICA	TE OF DEATH	Registered No	66 01023
	AME OF DECEA		OTONO	02.(1.()		AND HOUR OF DEATH	1
	e or Print)		et M. La	ange		nuary 29.19	- 1 and
3. P	LACE OF DEAT	H IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE		ins to idence before admission)
F	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hosp oddiess or loc	ital or institution, action)	give street	Maryland	f outside city limits, wife	RURAL and give township)
C		721 E.	Belvede	re Ave.	Baltimor D. STREET ADDRESS 721 E. B	ee (If turol, give locotion) Belvedere A	Ve.
5. S	F ¹	. race	WIDOWE	NEVER MARRIED D. DIVORCED (specify) dowed	8. DATE OF BIRTH 2/14/1885	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
		ATION (Give kind of orking life, even if retir		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	Housewi	_		Home	Marylan	Б	U.S.A.
	FATHERS NAME		Vall	HOME	14. MOTHER'S MAIDEN	NAME	U D III
	Charles	Brandt			G. Ga	tes	
15. Yes	Was Deceased E	ver in U. S. Armed If yes, give wor or	Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
,,,,,	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00000	220-48-9798	Miss Marga	ret D. Lan	ge (Same)
	18.11 0	. / 1			F DEATH	LOU DE BOIL	INTERVAL BETWEEN
		OR CONDITION		0		min .	ONSET AND DEATH
		EADING TO DEA I meon the mode		(A) DUE TO	Lems 6	Leen	
	heort foilure, o	sthenio, etc. It me	ons the discose		1.00	1 6	14
		licotion which cou NTECEDENT CAU		(B) CM	terio sele	rober in	The state of the s
		CONDITIONS,		DUE TO		1 - 0	
	rise to the	obove couse	(A) stoling the		omlar	proper	
	UNDERLYING	CONDITION Iosi.					
ATION	TO THE DE	II CANT CONDITION ATH BUT NOT ONDITION CAUSIN	RELATED TO TI	IG HE	militz		
CERTIFICA	19A. DATE OF	PERATION 198.		WHICH OPERATION	20 A. AUTOPSY? (Yes		E FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	OR CONTRIBUT	WAS UNDERLYIN ING CAUSE OF nedicol exominei	G 21	B. PLACE OF INJURY (e.g., ime, foim, foctory, street, o	in or obout 21C. WHERE DI	D (If in Boltime	ore City, give exact location)
MEDI	21D. TIME	Month) (Doy) (Y	1	E. INJURY OCCURRED		INJURY OCCUR?	
>	(APPROX)			hile At Not Whi			72
				the deceased from	m 247	19 6 10	na 25 1966,
		ost sow the dece		1			pinian death accurred an the date
	23A. SIGNATOR		stated above.	(N) (We) (did) (dld nat)	view the body offer dec	oth.	23B. DATE SIGNED
		100	m /3	2 . L M.D. AH	ending Med.	Sioff	3/1/16
	23 C. PHYSICIAN	mey	14.10	7 Phy	23D. ADDRESS	Phy s.	41/67
	NAME (Typ	ie)	M. Bye:	rly M.D.	5820 You	k Road	70.
244	BURIAL CREM	ATION, 248. DATI		IAME OF CEMETERY OF CR	EMATORY 24	D. LOCATION (City, town, or county) (State)
	Burial		1966 на	oly Redeemer		Baltimore.	Md.
-		BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIREC	CTOR	ADDRESS
	men 1	1066	0 8-81	JO HOUMAN	H.W.Jenkin	s & Sons Co	4905 York Rd.
<u> </u>	FED	1000	9	6 6 0 0		9	Balto IZ, Md.



	BALTIMORE CITY	HEALTH DEPARTMENT	.66 ()	1024
MRTH NO. M.E. CASE NO. MARKET SECRET SECRE	24 CERTIFICA	TE OF DEATH Re	egistered Na.	LUGY
III. NAME OF DECEASED		2. DATE AND HO	UR OF DEATH	45
(Type or Print) VIRGINIA M. H	IGHES	/	31-66	11 A.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNTY	osed lived. If institution:	residence before odmission)
HOSPITAL OR Oddress or locotion) INSTITUTION WERE A STATE OF THE STATE			ity limits, write RURAL	and give township)
37 /		1011	ive location) DRIVE	
	RIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGI	E (In years If Une	der 1 Yr. , If Under 24 Hrs. s Doys Hours Min.
F CAU LASSIAN WIDE	MED, DIVORCED (specify)	6:15.1893 lost bit	72	+
done during most of working life, even if retired)		CHICAGO, 16	/ W	TIZEN OF HAT COUNTRY?
HOUSEWIFE ON	N HOME		(J.SA.
HENRIE AWARD QUIX	GLEY	14. MOTHER'S MAIDEN NAME	HUGHES	3
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or ynknown)(If yes, give wor or doles of serv	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	215-03-9525 CAUSE O	HARRY P. H	UGHES	(SAME)
18.133.31		F DEATH	1.7	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CA	RCINOMA SIGN	OIN COLON	4 months
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc injury or camplication which caused death,)	e.g., DUE TO			7 9-10 0(1)/2
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, gi	(B) DUE TO			
rise to the obave cause (A) stoling UNDERLYING CONDITION last.				
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
U 194. DATE OF OPERATION 198. CONDITION I	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B.	IF YES, WERE FINDING CERTIFYING CAUSES OF	S CONSIDERED F DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)		(If in Boltimore City, g	ive exact location)
Z ID. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID INJURY O	CCUR?	
22. I certify that (I) (this hospital) attend	<u> </u>	12. 9. 65 Pin 19	to 1.31.6	6 , 11 my 19
that (I) (we) last saw the deceased alive	an 1.31.66	19and that in(my) (aur) apinion de	oth accurred an the dote
and hour and from the causes stated above			-	
23A. SIGNATURE	M.O. AH	ending Med. Stoff s. Director Phys.	23 B, D	1.31.66
230 PHYSICIAN'S NAME (Type)	LLAH KAND) Phy	s. Director Phys.,		9
NAME (Type) Z A COULL A H	KHAN M.D.	Dera Hos	in tal 1	Jelmore
24A- BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY of CR	EMATORY 24D. LOCATIO	ON (City, town,	, or county) (Stote)
urial-Removal 2/5/1966 H	John Constabas			
	Holy Sepulchre	25C. FUNERAL DIRECTOR		III.
FEB 1 1966 (D. 15 8)	Kenthermon 1	H.W. Jenkins &		905 York Rd.
V\$ 150-REV. 1/1/65	V V	1 4 2 3		alto.12, Md.



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death), and (6) No physician was in regular attendance on the deceased prior to death. Such
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1		BALTIMORE CITY HEALTH DEPARTMENT
		TH NO. CERTIFICATE OF DEATH Register 66. 01025
	1, N	LE CASE NO. LAME OF DECRASED. TO DECRASED.
	0	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where decoosed lived. If institution: residence before admission) A. STATE B. COUNTY Many Cand Oddross or location) C. CITY OF TOWN (If outside city limits write PUPAL and give township)
7	1	D. STREET ADDRESS (If rurol, give location)
96.	7	4000 Linkwood Road Apt. F
s mad		Make 6. RACE White 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 15/86 9. AGE (In years lost birthday) Months Doys Hours Min.
Hion	don	N. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY? Medical Bood Publisher Michigan
disposition	13.	Andrew Gill Many Stanton
6		Was Deceased Ever in U. S. Armed Forces? s,no or unknown) III yes, give war or datas of sorvice) 16. SOCIAL 17. INFORMANT ADDRESS 16. SOCIAL 17. INFORMANT OR AS ADDRESS
r tin	-	18. 216-01-4965 MAS. MARGARET F. GILL (SAME) CAUSE OF DEATH INTERVAL BETWEEN
led or		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Myocandial Intantion self
nbalm		(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. II means the disease, injury or camplication which caused death.)
are em		DISEASES OR CONDITIONS, if any, giving
		rise to the above cause (A) stating the UNDERLYING CONDITION last.
remains	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
ore the	ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
petor	CALC	21.8. PLACE OF INJURY (o.g., in or obout 21.0. WHERE DID (If in Boltimore City, give exact locotion) OR CONTRIBUTING CAUSE OF Normal factory, street, affice bld INJURY OCCUR?
ained bef	MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
bta		22. I certify that (this hospital) attended the deceased from
o eq	H	that (4) (we) last saw the deceased alive an // 2 19.66 and that in (m) (aur) apinian death accurred an the date
must		and haur and from the causes stated above. (We) (did) (did not) view the bady after death. 23A. SIGNATURE
		Harry J. J Scorm M.D. Attending Med. Stoff Phys. 1/27/66
approval		PAMETARRY J. BROWN M.D. 23D. ADDRESS UNION MEMORIAL HOSPITAL
	244	A. BURIAL CREMATION, REMOVAL (Spocify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
written		Cremation 1/28/66 Greenmount Baltimore, Maryland A. DATE REC'D BY HEALTH DEPT. 256. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
3		FEB 1 1966 O P. F. 2 John H.W. Jenkins & Sons Co. 4905 York Rd.
	VS	150-REV. 1/1/65

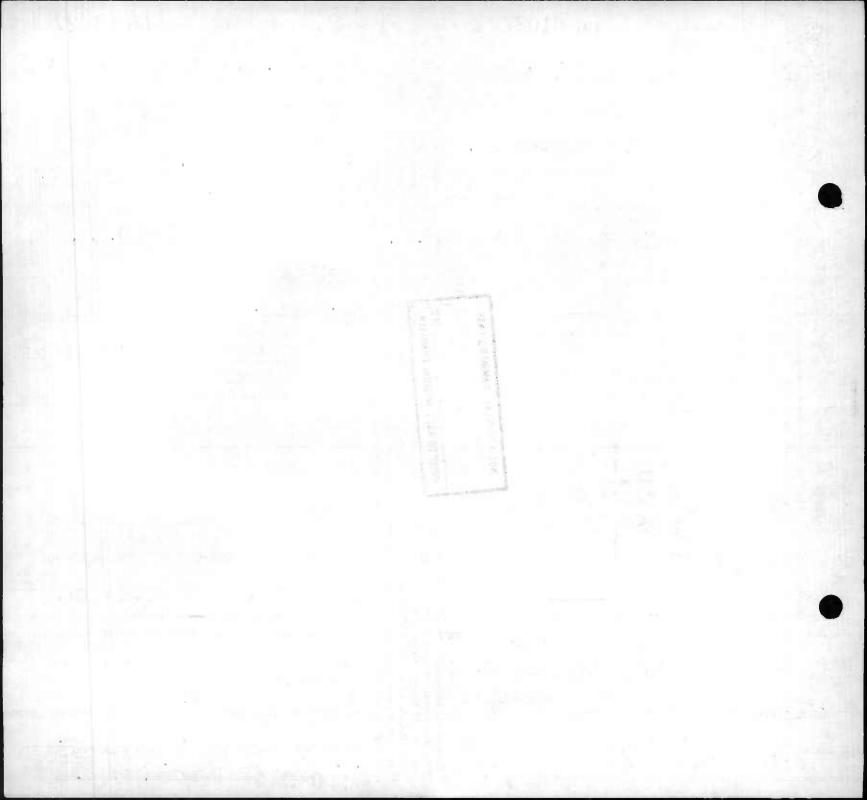
JAT 72 JA CHINE (HINE TALL TALL)

The Section of the Contract of

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

BIRTH NO.	66 01	n26	CERTIFICA	TE OF DEA	TH Reg	istered No	· () 4 · ()()	
M.E. CASE NO.		L(1.00	02.(11.10)		DATE AND HOU	R OF DEATH	5 01026	
(Type or Print)	31AYS, JA.	MES P	HILLIP		1/30/6		110 25 A) M.
	ATH IN BALTIMORE, MA			4. USUAL RESIDEN	CE (Where deceo	sed lived. If ins	titution: residence before o	dmission)
FULL NAME C	F (If not in hospital	or institution, give	street	MARYL	AND		dell	
HOSPITAL OR	oddress or location			C. CITY OR TOWN	(If outside city	limits, write R	URAL and give township)	
YUNION	MEMORIA	HORR	TDI	BALTII D. STREET ADDRESS		A		
2707070	MENONIA	CITORI	IIAL				PKWY	
5. SEX	6. RACE	7. MARRIED, NE	VER MARRIED	B. DATE OF BIRTH	9. AGE	(In years	If Under 1 Yr. If Under Months; Doys Hours;	24 Hrs.
M	W	WIDOWED, I	DIVORCED (specify)	3/2//0	3 lost birth	idoyl	Months Doys Hours	Min.
	UPATION (Give kind of work	108, KIND OF BE	SINESS OR INDUSTRY	11. BIRTHPLACE (Sto			12. CITIZEN OF	
done during most of	working life, even if retired)	REALE	STATE	MARYL	AND		WHAT COUNTRY?	
13. FATHER'S NA		1,12,7,22	0/7/6	14. MOTHER'S MAIL	DEN NAME		4077	
JAMES	P BIAYS	s (D)		NELLIE	JON	E5		
15. Wos Deceosed	Ever in U. S. Armed For	cos? 16	S- SOCIAL	17. INFORMANT			ADDRESS	
(Yes, no or unknown	(If yes, give wor or dote	s of service)	SECURITY NO.	MARY M.	BIAYS	50	ME AS AB	OVE
18. 14 °	7 / 1	2	15 0 /-3 256	F DEATH			INTERVAL BETW	
100	SE OR CONDITION DIE	PECTLY	CAUTE	A DEATH	-	1 0	ONSET AND DE	
	LEADING TO DEATH		(A) Pe	Monono	~7 Esm	low	~	
	not mean the mode af osthenia, etc. It meons		DUE 10)	/	lole		
	nplication which caused		69	you ale	4000	- 6	emerrer	
	ANTECEDENT CAUSES		DUE TO	10 mos	9			
	OR CONDITIONS, if e obove cause (A)		(6)					
	G CONDITION lost.	siding me	(C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		****************		
	11							
V VO TILE O	FIGANT CONDITIONS C							
DISEASE OR	CONDITION CAUSING I	T	ICH OPERATION	20A AUTOBSV2 ()	les or Not 208 I	E VEC WEDE E	INDINGS CONSIDERED	
19A. DATE OF	WAS PER		TCH OFERATION	VE5	IN CI	RTIFTING CAU	ISES OF DEATH?	
U 21 A. ACCIDE	NT WAS UNDERLYING	21 B. PL	ACE OF INJURY (e.g., i	n or obout 21 C. WHER	E DID	(If in Boltimore	City, give exact location)	
▼ DEATH (notify	JTING CAUSE OF medical examiner	home,	form, foctory, street, o	thee bidg., INJURY O	CU R?			
O 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E IN	JURY OCCURRED	21 F. HOW	DID INJURY OC	CUR?		
S OF INJURY	,	While	At Not Whi					
22 Leartify	that (1) (this hospital			. / 3 3	19 66	40 //	30 19	66
	last sow the decease		4	,			ilon deoth occurred on	
	d from the couses stor					iy) ((our) opin	non deoth occurred on	ine dote
23A. SIGNATU		160 00046. (1) (wer (did) (did Hor)	view the body offer	deom.		238, DATE SIGNED	
01	1.19	B.	M.D. Att	ending Med.	Stoff		1/30/66	
23C. PHYSICIA	Mrs	scour	Phy	23D. ADDRESS	tor Phys. L	2		
NAME (T		c ppo	M.D.		MEMORI	AL HO	OSPITAL	
24A. BURIAL CRE		S. BRO	WN,		24D. LOCATIO		y, town, or county)	(Stote)
REMOVAL	Specify)							. 219101
Burial 25A. DATE REC'D	2/2/66	25B. NAME OF	oudon Park	25C. FUNERAL D	Baltin	nore	Md •	
CED 1	1000 A A	Q J. A.	MA O		ins & S	ons Co.		Rd.
VS 150-85V 1/1/	1300 (F. Km.)	IC. ACADY	000		2 5	Bal	to 12, Md.	

1, 3, 1, 1



the body was released to the hospital certificate Wds D.O.A. shows: (1) deceased

VS 150-REV, 1/1/65

IMPORTANT

FUNERAL DIRECTOR:

Remova 1 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

Mary lands THE WHOM ST. Kerweck. 1-11-1883 83 438. New York Gaty Ludwick Wheeler Yee Voughing Herters Rosent K- Home Heards Millente

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		TE OF DEATH	Registered NG	6 01029
	E CASE NO.	2. DATE	AND HOUR OF DEATH	
	pe or Print)			0 1%
3, 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (V A. STATE B. CO	Whore deceased lived. It is	nstitution: residence before odmission)
1	FULL NAME OF (If not in hospital or institution, give street address or focation) NSTITUTION	C. CITY OR TOWN (III	outside city limits, write	RURAL and give township)
1		D. STREET ADDRESS	(If tural, give location)	
	Kenwick Hospital for mourables	700204	oth st.	
S. S	6. RACE V. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY educing most of working life, even if relired)	11. BIRTHPLACE (Stole or	oleign country)	12. CITIZEN OF WHAT COUNTRY?
	Clerk Metropolitan Sile	AM"		11.90.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
1 S.	Was Deceased Ever in U. S. Armed Forces? S, no or unknown) [Iff yes, give wor or doles of service) SECURITY NO.	Sertrude 17. INFORMANT	Remade	ADDRESS
	None 215-10-8609	Otit's	es to ale	1.0 L. D.a
	18. 3 4 4 1 CAUSE O	F DEATH	- vian ille	INTERVAL BETWEEN
	DISEASE OF CONDITION DIRECTLY	DOIDO	Do.	ONSET AND DEATH
	LEADING TO DEATH	ulliple 2	Schroses	- 20 years
	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	V		0
	ANTECEDENT CAUSES (B)		00 00 00 00 00 00 00 00 00 00 00 00 00	
	DISEASES OR CONDITIONS, if any, giving			
	rise to the obove cause (A) stoling the (C)		######################################	- On and and made an anaman anaman an an an of data an
	11	N 1 A "		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	februter	ے	7 years
IFIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	₹ 20A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE	FINDINGS CONSIDERED
ERT	O NA A COLORAGO MACO MACO MACO MACO MACO MACO MACO MAC	1 1016 1111100 010		
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of DEATH (notify medical examiner)	fice bldg., INJURY OCCUR	(If in Boltimor	e City, give exoct locotion)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID	INJURY OCCUR?	
2	(APPROX.) While At Not While Work At Work			
	22. I certify that (I) (this hospital) attended the deceased from	miny 8	195 810 Ja	may 271966.
	that (I) (we) last saw the deceased alive an January	2719 (64 and	that in (my) (aur) api	inion death occurred on the date
	and have and from the causes stated above. (1) (We) (did) (did Not) v	iew the bady after deat	th.	
	23A. SIGNATURE	ending Med.	Stoff	23 B. DATE SIGNED
	W. Station Je color Phy.		Phys.	January 28/966
	NAME (Type)	700 We	t 40th 2	
244	W. Grafton Hersperger, M.D. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	MATORY Into	LOCATION (C	ity, town, or county) (State)
	REMOVAL (Specify)	240	211	2- 1
2SA	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	2SC. FUNERAL DITE	W Oodle	why Manglane
	FEB 1 1966 @ C. It & FOR HAG 12 C	7W 10 1074	pre i Sm	Balg med 17
			3	AND

FEB) VS 150-REV. 1/1/6S in the Theopole of the

6	6 01030		HEALTH DEPARTMENT	Registered Na.	66 01030
M.E. CASE NO.		CERTIFICA	TE OF DEATH	/	
1, NAME OF DECEASED (Type or Print)	BLAKE, SR	. EDWARD	T.	= 28 - 66	7:20A M.
PLACE OF DEATH IN	BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Who	ere deceased lived. If in	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or institut address or location)	on, give street	MARYLAND C. CITY OR TOWN (If o	HOWARD utside city limits, write	RURAL ond give township)
10	ACHEC HOSEL	7 4 1	ELLICOTT (CITY	103-00
51.	AGNES HOSPI	IAL	11	rurol, give location)	
1				AVENUE	
	WHITE WIN	HED, NEVER MARRIED WED, DIVORCED (specily)	10-26-90	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
6A, USUAL OCCUPATIO one during most of working		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
MACHINIS			MARYLAND		
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
Charles	Blake		LILLY WHEE	ELER	
S. Was Deceased Ever in	U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	None	212-01-2736		ECORDS -CA	TON & WILKENS AV
18/33.9		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	CONDITION DIRECTLY NG TO DEATH	60	ratized Meta	1.):	
(This does not med	on the made of dying,	e.g., DUE TO	•		
	io, etc. It meons the dise on which coused deoth.)	ase,	Caucinoma		
ANTEC	EDENT CAUSES	(B)			
	NDITIONS, if any, give	ving			
rise to the oba	ve cause (A) sloting	The (C)			
	11				
	CONDITIONS CONTRIBUTION NOT RELATED TO		ntestinal	Obstructi	on
19A. DATE OF OPERA		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED
U 21A: ACCIDENT WA	S UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21 C/WHERE DID		e City, give exoct locotion)
OR CONTRIBUTING	ol examiner)	home, larm, factory, street, of etc.)	nce blag., INJUKT OCCUR!		
Q 21 D. TIME (Mont)	n) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX.)		While At Not While Work At Work			
22. I cartify that () (this hospital) attende		ANUARY 13	19 66 ta JA	NUARY 28 1966
	aw the deceased alive	LANILLA DV 2	8 19 66 and		nian death accurred an the date
		e. (I) (We) (did) (did nat) v		nai in(my) (aoi) api	man death accurred an the dat
23A. SIGNATURE	The couses stated above	e. (i) (we) (ala) (ala har) v	lew the bady after death.		23B. DATE SIGNED
Min Pot	1/1		ending Med.	Stoff	1/28/66
23C. PHYSICIAN'S	1 Slavion	Phy	s. Director	Phys.	1100146
NAME (Type)	ETER STASION	ISKI M.D.		KENS AVENU	JE
4A. BURIAL CREMATIO	N, 248. DATE 240	C. NAME of CEMETERY of CRE	MATORY 24D.	LOCATION (C	ity, town, or county) (State)
Burial	1/31/1966	Mount Olivet Ce	emetery R	altimore, Ma	ryland
SA. DATE REC'D BY HE	ALTH DEPT. 258. NAA	A OF TEGIS RAP	25C. FUNERAL DIRECTO		ADDRESS
FEB 1	1966 (But	E TOWN	Wmh Zin	brund 80	selfe pro
'S 150-REV. 1/1/65	1 7	5 0 4 1)	102	1	w 'y unin as a

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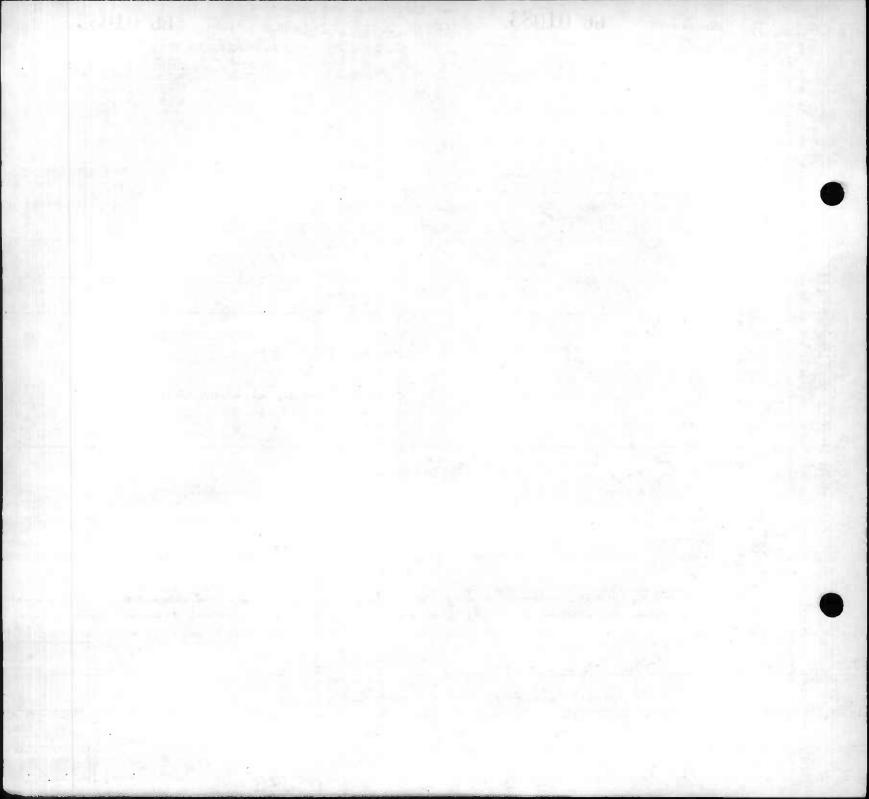
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VS 150-REV, 1/1/65

			BALTIMORE CITY	HEALTH DEPARTME	ENT		
BIRTH NO. M.E. CASE NO.	66 0	1031	CERTIFICA	TE OF DEA		6 01031	
(Type or Print)	JAMES SAW	TER MO	COV		ATE AND HOUR OF CEAT	10.75	
3. PLACE OF DE	ATH IN BALTIMORE MA		001	TA USUAL RESIDENC	n. 26,1966	f institution; residence befare admission)	
FULL NAME OF HOSPITAL OR address a lacation FULL NAME OF HOSPITAL				Md •	COUNTY	19-02	
				C. CITY OR TOWN	(If autside city limits, writ	e RURAE and give township)	
				D. STREET ADORESS (If rural, give lacotion) 1705 W. Lexington St.			
							5. SEX Male
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' dane during most of working life, even il retired) Farmer				Bladen C		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NA				14. MOTHERS MAIDEN NAME			
Orto	n Ma Cov			Vo go n 2			
OW e.	Ever in U. S. Armed Fou	ces?	1 6, SOCIAL	Hagar ?			
(Yes, na ai unknawi	(If yes, give war ar date	s of service	SECURITY NO.				
no				Mary MCC	loy 1705 W.	Lexington St	
18.4. 2	2,/1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEA	SE OR CONDITION DIR LEADING TO DEATH	ECTLY	Λ 1 -	. 7			
(This does	nat meen the made of	dvina e	(A) Arte	rlosclero	tic Cardio	2 years	
heart failure,	asthenio, etc. It means	the diseas	e,				
	nplication which coused			ular Disea			
	ANTECEDENT CAUSES		OUE TO				
DISEASES	- 92						
	e abave couse (A) G CONDITION last.	Stoting in	(C)				
	11						
O THER SIGN	IFICANT CONDITIONS C	ONTRIBUTI	NG				
DISEASE OR	EATH BUT NOT RELA	T.	none				
19A. DATE OF	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner)	' h	1B PLACE OF INJURY (e.g., i ome, larm, (actary, slieet, a ic.)	n ar about 21C. WHERE lfice bldg., INJURY OC	DID (II in Baltim	nore City, give exact lacation)	
0 21 D. TIME	(Month) (Day) (Year)	(Hour) 2	E. INJURY OCCURRED	21F. HOW E	DID INJURY OCCUR?		
S OF INJURY			Vhile At Not While	le 🖳			
			Vark Al Wark	5/63	T	10717	
	that (I) (this hospital) last saw the decease		the deceased from 2/ 1/26/66		and that in (my) (aur) a	26/66 19	
ond hour an	d fram the couses stat	ed obove.	(I) (We) (did) (did not)	view the body ofter	deoth.		
23A SIGNATI	JRE	9 / 4				23B. DATE SIGNED	
1X	X (1) 11	1 161	M.D. Att	ending Med.	r Stoff Phy s.	January 28, 19	
23C. PHYSICIA	IN'S	1000		23D. ADDRESS		0 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
NAME	the state of the land	mina en Till	M.D.	106 NT G	ilman Other		
Rali 24A. BURIAL CRE	MATION 1248, DATE		NAME of CEMETERY OF CR	440 N.	ilmor Street		
Buria	Specify)		Mt. Auburn		Balto.	(City, town, ar county) (State) Md •	
25A. DATE REC'D	BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DI	REGROE 11	ADDRESS	
FEB 1	1966 @ 0_ 1	-23	2.0.48	Milliams	YURRAUL HOR	Me 319 N. Sekroedy S.F.	

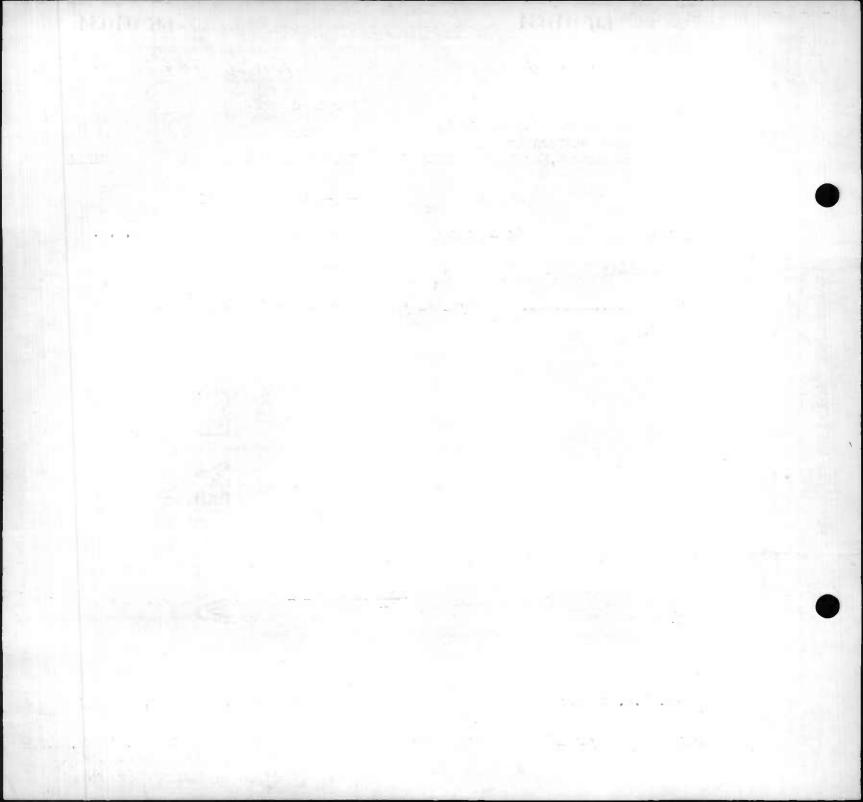
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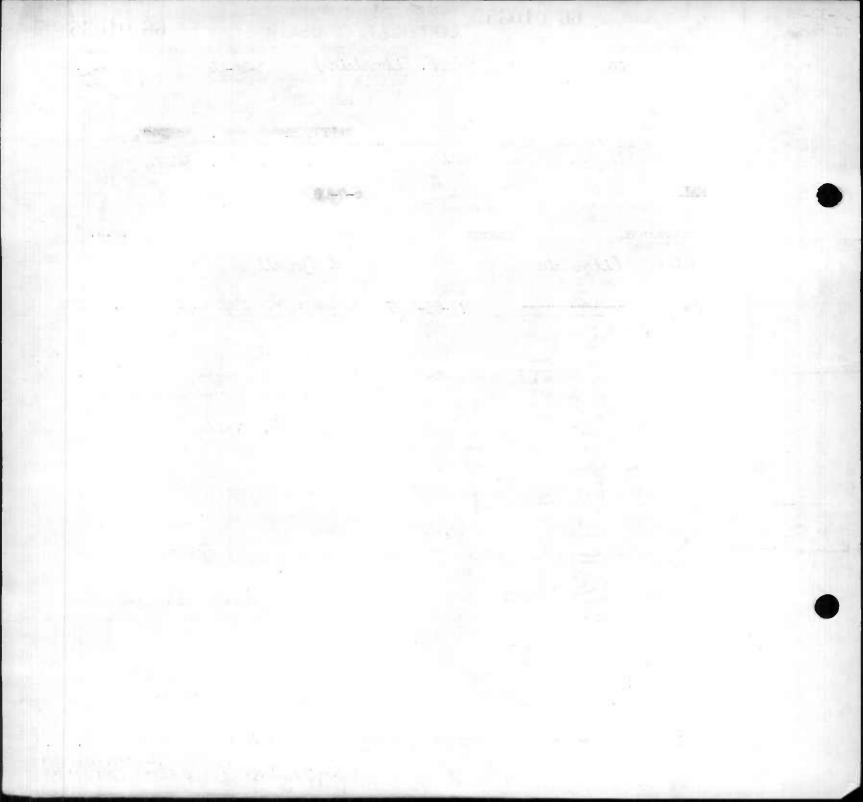


66 01034 pital and of death Deceased the Such M.E. CASE NO. (Type or Print) ConraduLin

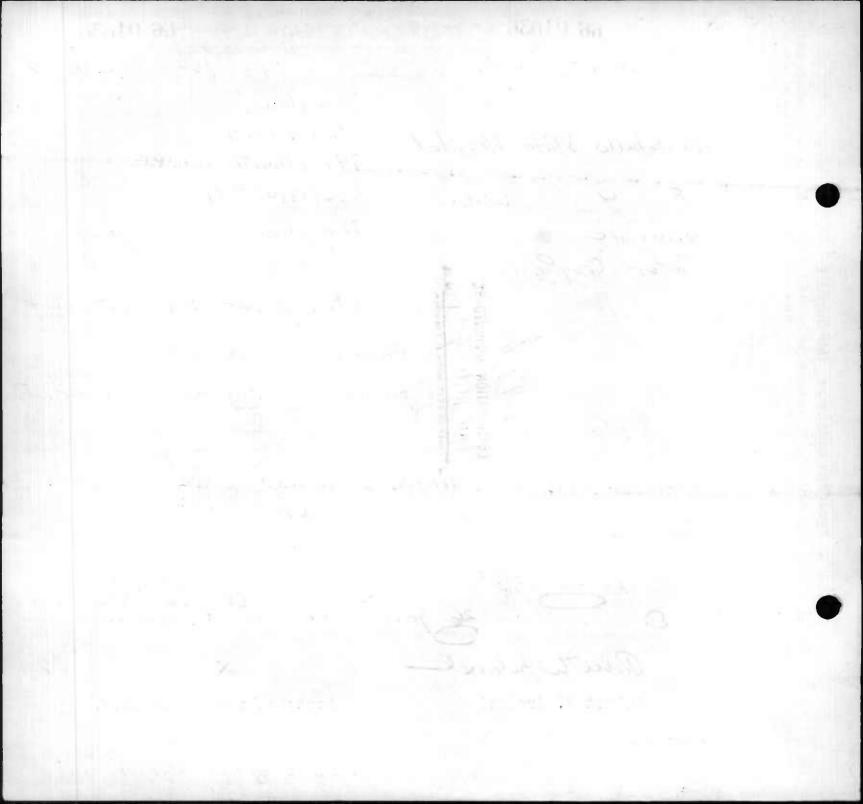
3. PLACE OF DEATH IN BALTIMORE, MARYLAND (Type or Print) uo death. attendance ing cause cause; (5) FULL NAME OF HOSPITAL OR INSTITUTION (If nat in hospital ar institution, give street oddress or location) 0 Baltimore City Hospitals 4940 Eastern Avenue contributing prior Baltimore Maryland (4) Undetermined made. regular S. SEX 6. RACE deceased Male White Widowed disposition is = done during most of working lite, even if retired) Retired Ship-Fitter Was 13. FATHER'S NAME assistant if Andrew death no 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL or final (Yes, no or unknown) (II yes, give wor or dates af service) attendance No any pronounced DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This does not mean the mode of dying, e.g., regular hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.) E B who ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the physician UNDERLYING CONDITION last. the remains chief medical OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 19 A. DATE OF OPERATION the before 21A. ACCIDENT WAS UNDERLYING where OR CONTRIBUTING CAUSE OF the hospital °Z DEATH (notify medical exominer) any nature; obtained MEDI 9 (Manth) (Doy) (Year) (Hour) approved (except While At (APPROX.) and Work that (We) last saw the deceased alive an Jan hospital death) must accident 23A. SIGNATURE 40 approval 230 PHYSICIAN'S 0 deceased prior Dr. K.R. Tucker ata was D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) shows:

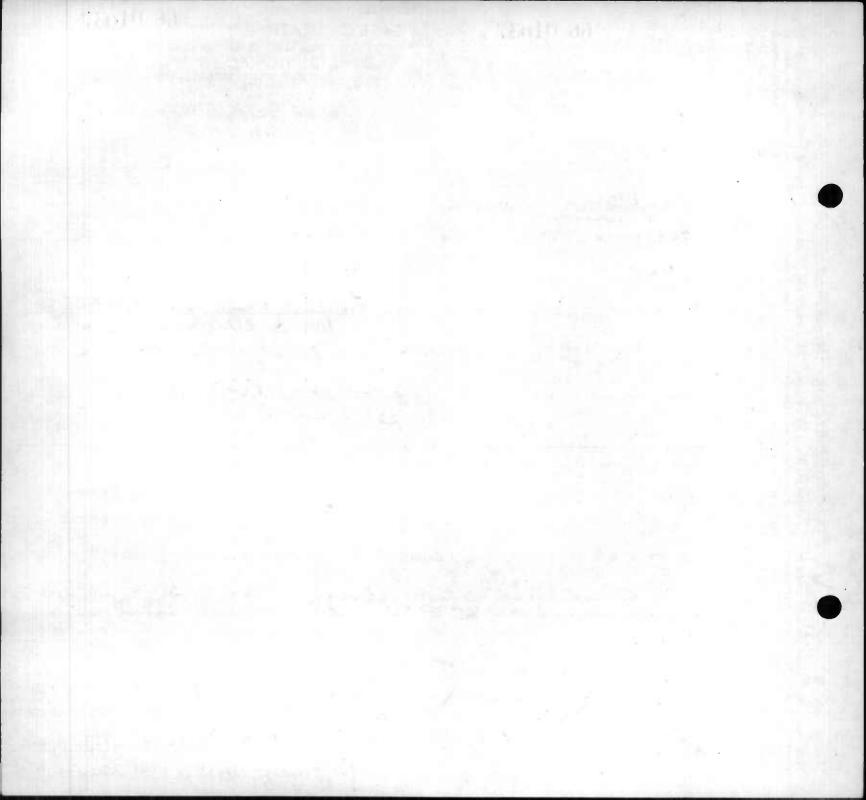
BALTIMORE CITY HEALTH DEPARTMENT Registered No 66 01034 CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 26,1966 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township Baltimore D. STREET ADDRESS (If rural, give location) 3403 East Pratt Street 21224 21224 9. AGE (In years 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH II Under 1 Yr. If Und Months Days Haurs If Under 24 Hrs. Haurs Min. lost birthdoy WIDOWED, DIVORCED (specify) 9-13-1894 6A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Maryland 4. MOTHER'S MAIDEN NAME Muth Anna 17. INFORMANT ADDRESS SECURITY NO. 215-28-9190 21224 Records: BCH-4940 Eastern Avenue CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 B. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct locotion) 21F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED Not While [At W 22. I certify that (1) (this hospital) attended the deceased fram \$ 11-7and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23B. DATE SIGNED Attending Phys. Med. Director 23D. ADDRESS M.D.4940 Eastern Avenue, Baltimore, Maryland 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION Sacred Heart 7401 German Hill Rd. Balto. Nd. #22 emeteru 25C. FUNERAL DIRECTOR 9015, CONKLING ST Lacler BALTO, 24, MD





	BALTIMORE CITY HEALTH DEPARTMENT								
	CERTIFICATE OF DEATH Registered No. 066 01036								
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Point)	2. DATE AND HOUR OF DEATH	_						
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence below admission)							
	STEACE OF PEACH IN BACHMORE MARIEMAN	A. STATE B. COUNTY	filtution: retidence below odmission)						
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (It outside city limits, write R	UPAL and give tower bin)						
9	INSTITUTION CL / /	Baltimore							
1	Montebello State Hospital	D. STREET ADDRESS (If rurol, give location)							
de.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. It Under 24 Hrs.							
mad:	F WIDOWED, DIVORCED (specify)	7/24/1884 lost birthdoy)	Months Doys Hours Min.						
n is	IDA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dane during most at working life, even if retired)	2 / 4	12. CITIZEN OF WHAT COUNTRY?						
itio	housewife	Maryland	U.S.						
200	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
disposition	Reter Croghan	Mary!							
	15. Was Daceased Ever in U. S. Annied Farces? (Yes, no or unknawn) (If yes, give wor ar doles of service) SECULTY NO.	17. INFORMANT							
final	A A S	John Laver 844	Hobst (our						
0	DISEASE OR CONDITION DIRECTLY	F DEATH	ONSET AND DEATH						
per		edias arest							
alm	(This does not mean the made of dying, e.g., A heart failure, asthenia, etc. It means the disose,	- Control of the Cont							
dш	injury or complication which caused death)	monay emboles	inwadate						
0	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, Ling								
2	rise to the above cause (A) stating the								
ins	UNDERLYING CONDITION loss.								
remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
	TO THE DEATH BUT NOT RELATED TO THE STEECH OF	e Lhip							
the	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes &r No) 20B. IF YES, WERE F	INDINGS CONSIDERED SES OF DEATH?						
ore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	n or about 21C. WHERE DID (If in Baltimara	City, give axact location)						
bef	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	SUY ABBATE	to Com						
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	1 0						
ained	(APPROX) /2 - 8 - 65 S 30 While At Work At Work	· Jell yer	kedroom						
obt	22. I certify that (I) this hospitall affended the deceased fram	10 Jan 1966 to 26	Jan 1966						
pe	that (1) (we) last saw the deceased alive an 26 Jan	19 6 and that in (my) (our) apin	ion death occurred an the dat						
ust	and haur and from the causes stated above. (1) (We) (did) (did nat) v	view the bady after death.	23B, DATE SIGNED						
E		ending Med. Stoff Phys.	1/26/66						
٨٥	23C. PHYSICIAN'S	s. Director Phys.	1/20/60						
approval	Robert W. Ireland M.D.	Montebello State H	ospital						
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	EMATORY 24D. LOCATION (City	y, town, or county) (Stote)						
ten	BURIAL 1/29/66 SACRED HEART O.	BALTO, Md							
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS						
\$	FEB 1 1966 O. F. E. K. 1964 O. S. 150-REV. 1/1/65	0 JEGO S. BILLER FUA	ICRAL HOME						
	V 5 20,0	6413 1361							





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a hospital and MIN

RID	TĤ NO,	66 0	1038	BALTIMORE CITY CERTIFICA			Registered No	86 (11038	
M.	E CASE NO.		LKES, TH		TE OF L	2. DATE AN	D HOUR OF DEATH			A
		TH IN BALTIMORE MAI		Te 0001.6	1/28/66 3:30 Ae ,				Ae M	
	FULL NAME O			give street	A. STATE MARYLAND BALTIMORE					311W 3 31Q11/
	HD SPITAL DR	BALTIMORE)		C. CITY OR T	OWN (If our	side city limits, write	RURAL	nd give township)	
1		4940 East	ern Ave	enue	D. STREET AD		rurol, give location)			
V		Baltimore	, Mary	Land 21224	208 F	'leming	Drive - 212	222		
S.	MALE	6. RACE NEGRO	7. MARRIED, WIDOWEL	NEVER MARRIED D. DIVORCED (specify) ARRIED	12/14/		9. AGE (In years lost birthday) 45	If Und Months	Doys Hours	r 24 Hrs. Min.
			108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or lorei	gn country)	12. CI	TIZEN OF	
		working life, even if retired)			Baltin	M.	bushine	11	5 A	
_	FATHER'S NAM				14. MOTHER'S	MAIDEN NA	ME THE	4,	2, 17,	
	210 1	11614			1	7				
10	Willib		\$	1 6. SOCIAL	Dec is		10 N		ADDRESS	
(Ye	s, no or unknown	Ever in U. S. Armed Ford (If yes, give was or dote	s of service)	SECURITY NO.	INFORMATION				ADDRESS	
	Yes			218-09-0318	RECORDS:	BCH 494	40 Eastern	Ave.,	Balto . Md .:	2122/
	(This does n heart failure, injury or com	SE OR CONDITION DIR LEADING TO DEATH tol mean the mode at osthenio, etc. Il means splication which caused ANTECEDENT CAUSES	REM REM	nra lia	ETT	000 0 00000 0 0 000 0 0 0 0 0 0 0 0 0	INTERVAL BETW			
	tise to the	or CONDITIONS, if obove couse (A) G CONDITION last.						,=450+0000000		
ATION	TO THE D	FICANT CONDITIONS CEATH BUT NOT RELA								
ERTIFIC	19A. DATE OF	OPERATION 198. CON WAS PERI	DITION FOR	WHICH OPERATION		PSY? (Yes or No O	IN CERTIFYING C	E FINDING	S CONSIDERED DEATH?	
AL CE	OR CONTRIBL	NT WAS UNDERLYING DINNG CAUSE OF medical examined	21 B hom etc.	PLACE OF INJURY (e.g., ine, lorm, foctory, street, o	fice bldg., INJU	WHERE DID RY OCCUR?	(If in Boltim	ore City, g	ive exact location)	
MEDI	OF INITION	(Month) (Doy) (Yeor)		. INJURY OCCURRED ille At Not While ork At Work		HOW DID INJ	URY OCCUR?			
	22. 1 certify	that (1) (this hasnital) ottended t	he deceased from	1/28		19 6610	1/2	8 19	66.
	22. I certify that (I) (this hospital) attended the deceased from 1/28 19.66 to 1/28 19.66 that (I) (we) last saw the deceased alive on 1/28 19.66 and that in(my) (our) opinion death accurred an the day and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED									
	J.	auf 7/10	UN!	Phy		Med. Director	Stoff Phys.	1	/29/66	
	PHYSICIA NAME (T	Paul Drate	h Y	M.D.	4940 Ea	stern A	venue, Balt	o.Md.	21224	
24	REMOVAL I	1 / 1 .	24C.N	AME of CEMETERY or CR	EMATORY	24D. L	BAIT	(City, town,	or county)	(Stote)
25	OURIA	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNE	RAL DIRECTOR	1/0.	///	ADDRESS	

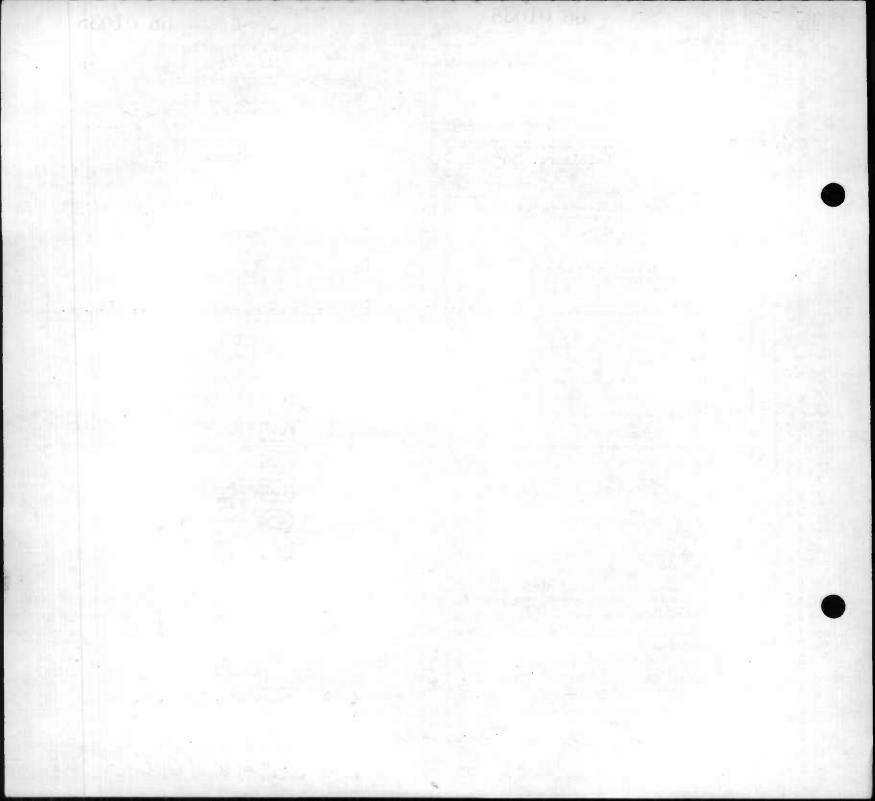
LAURENS SI

25B. NAME OF

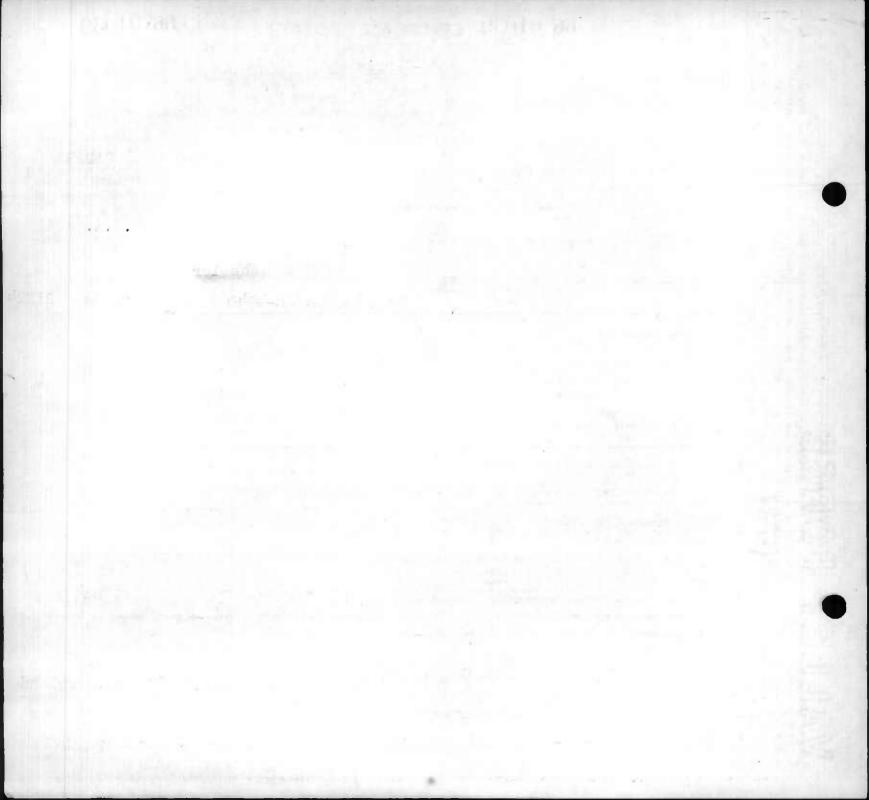
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FEB VS 150-REV. 1/1/65



VS 150-REV, 1/1/65



VS 150-REV, 1/1/65

Such

				BALTIMORE CITY	HEALTH DEPARTME	INT	00 01040
	H NO. CASE NO.	66 0104	10	CERTIFICA	TE OF DEAT	TH Registered No.	66 01040
1. N (Typ	ME OF DECEASED			RING EL	1218ETH	ATE AND HOUR OF DEATH	3.30 PM.
F	ULL NAME OF	(If not in hospitol or oddress or location)		give street		BALTO . (If outside city limits, write	27-05
4	NSTITUTION	Nemo		Hospital	BALTII	(If rurol, give location)	
	Union				3224 B. DATE OF BIRTH	ORLANDO	
S. S	F	ν.	MIDOMED	DIVORCED (specify)	3-2-	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	during most of working Housewife		OB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	ATHER'S NAME	ineidhe	and f		14. MOTHER'S MAID		
15 1	Was Deceased Ever in			1 6. SOCIAL	17. INFORMANT	Annie Becker	ADDRESS
(Yes	, no or unknown) (If yes	, give wor or dotes	of service)	SECURITY NO.			. The later was a second
	No			216-12-6782		am A. Smith 3	224 Orlando Ave. #34
		CONDITION DIRE	CTLY	CAUSE O	center	c vein	The MED Sis WE
	(This does not med heart failure, asthen injury or camplication	ia, etc. Il meons Il	ne diseose,	DUE TO	# 2000 FT mm a transact than the 2 th	1. 3	
		EDENT CAUSES		(B) //	Free	gur all	Coul marci
	DISEASES OR CO	ve cause (A) s		(C)			·
	UNDERLYING CONDITION last.						
ATION	OTHER SIGNIFICAN' TO THE DEATH DISEASE OR CONDI	BUT NOT RELAT	ED TO THE				
ERTIFIC	19A-DATE OF OPERA	TION 198 COND		VHICH OPERATION	20 A. AUTOPSY? (Ye	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	21A. ACCIDENT WA OR CONTRIBUTING DEATH (notily medical	CAUSE OF	21B. hom etc.)	PLACE OF INJURY (e.g., in e, lorm, loctory, street, of	or about 21 C. WHERE fice bidg., INJURY OC	CU R?	re City, give exact location)
MEDI	21 D. TIME (Mont OF INJURY (APPROX.)	h) (Doy) (Yeor)		INJURY OCCURRED le At Not While k At Work		DID INJURY OCCUR?	
	22. I certify that (l) (this hospital)	attended th	ne deceased from	1-28	19 6.6to	1 30/ 1966
	that (I) (we) last s	aw the deceased	alive an	1-30-	19.66	and that in (my) (aur) op	olnian death accurred on the date
	and hour and from	the causes state	d abave. (I) (We) (did) (did not) v			
	23A. SIGNATURE	tilin	inte	M.D. Atte	ending Med.	Stoll Phys.	238. DATE SIGNED
	23C. PHYSICIAN'S				23D. ADDRESS		
				NOS M.D. M.D.		UNION MEMOR	
24A	REMOVAL (Specily)			ME of CEMETERY or CRI	MATORY	24D. LOCATION (City, town, or county) (State)
	Burial	2/3/1966		arkwood Cemete		Baltimore Co.	
11	FEB 2 196		SB. NAME C	A CHAR DO	ZSC. FUNERAL DI		ADDRESS
1	1010	The state of the s	The state of	Contract of the Contract of th	- Parist d A	. Ruck Inc., 5	305 Harford Rd.

THE RESIDENCE OF THE PARTY OF T trup parents true december . In ? John Kinsighture 7

BIRTH NO.	66 01041	MEDICAL EX	BALTIMORE CITY HE			DEATH Registe	66 01041	
M.E. CASE	NO.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
1. NAME (Type or Pr	OF DECEASED		4- 4			HOUR PRONOUNC		
(Type of T	HLVII	VA	Johanne	SCH		- 29-66		P
3. PLACE I	N BALTIMORE, MAR	YLAND, WHERE PRONO		4. USUAL RESIDI	ENCE (Where	deceased lived. If insti	itution: residence before	odmi s s
FULL NAM	AF OF UF NOT	IN HOSPITAL OR INSTIT	UTION. GIVE STREET	Maryla	and	Balt	to. City	W.
HOSPITAL	OR ADDRES	S OR LOCATION	OHON, ONE STREET			corporate limits, write	RURAL ond give towns	(hip)
	. (004.)			imore	21	-34	
11	N	1	11	D. STREET ADDR	tESS (If surol,	give location		
UNI	'ON /1	OMORIAL	HOSP	5636 Be]	Lair Rd			
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRTH	4	9. AGE (In years lost birthday)	Months, Doys, Hours	er 24 l
Male	White	Marri		10/10/190	14	6 61		
IOA. U SUA		kind of work 10B. KIND O	F BUSINESS OR INDUST	RY 11. BIRTHPLACE	State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?	
	most of working life, eve	en if refired)		Marylar	nd		USA	
3. FATHER	PNAME			14. MOTHER'S MA			300	
?	Poskocil			Mary	?			
15. WAS D	ECEASED EVER IN U	J.S. ARMED FORCES?	16. SO CIAL	17. INFORMANT			ADDRESS	
Yes, no or u	inknown) (If yes, give	wor or dotes of service)	SECURITY NO.	26. 77			7/0/ 5 = .	
No					ard G.	Johannesen	5636 Belair	
1B. 4	20,0		CAU	SE OF DEATH			INTERVAL B	
	DISEASE OR CON		.1					
(This	LEADING '	TO DEATH e mode of dying, e.g.,	(A) H	TO RIOSC/E	ROTIC	Heqit		
heor	f foilure, osthenio, etc	. It meons the discose,	DUE 10		2.	Heart	3-16-6	
11101	y or complication will	cir coosed geoma			DISE	ase		
	ANTECENDE		(B)					
		IONS, IF ANY, GIVING	DUE TO					
UNI	DERLYING CONDIT		(6)					
<u>Z</u>			(C)					
▼ OTH	II FR SIGNIFICANT CO	ONDITIONS CONTRIBUTI	NG					
OI C	THE DEATH BUT	NOT RELATED TO						
F DI3	EASE OR CONDITION	198, CONDITION FOR	WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	20B, IF YES, WERE FIL	NDINGS CONSIDERED	
Ö		WAS PERFORMED				IN CERTIFYING CAU		
21A. E	XTERNAL CAUSE WA	AS 21R	PLACE OF INJURY (e.g	h. in or obout 21C. W	HERE DID	(If in Baltimore City, a	ve exact (acation)	
UNDER	CAUSE OF DEAT	B- hom	e, form, foctory, street,	office bldg., INJURY	OCCUR?			
7								
OF INJ		Doy) (Yeor) (Hour)	21E. INJURY OCCURRE	21 F. HC	THI DID INT	IRY OCCUR?		
(APPRO	OX.)		WHILE AT NO	WORK				
22.	1			57	1.1			
		eld an Inquiry L	_		that an thi	s basis, death In n	ny apinian	
	resulted fram: N	latural causes 🗶	Accident Suic	lde Hamici	de 📗 U	Indetermined manne	ar	
		1./	2	CHIEF M	EDICAL EX	AMINER	DATE SI	CNE
	CTUAL IGNATURE	081812	har u	D. ASSISTANT MI	EDICAL EX	AMINER -	DATESI	ONLL
	XAMINER'S	2-1	Mo	ASSOCIATE M			,/- 11	. ,
	AME (Type)	K-S. F.	SHER				1/30/6	6
23A, BURI.	AL CREMATION, 2: (Specify)	3B. DATE 2	C. NAME of CEMETERY	or CREMATORY	23 D. L	OCATION (City,	, town, or county)	(Stote)
Bur	TAT	2/2/66	Dulaney Val	ley Cemeter	my Ba	Ltimore Co.	Md	
Z4A. DATE		at a	(G).	24C. FUNER	AE DIRECTOR		ADDRESS	
FER	Z 1966 (Cont 2. ta	thick will	Leonar	rd J. R	uck Inc., 5	305 Harford	Rd.
VS 151-RE		196	1. 13 x					
4 3 131-KE	T. 1/1/03	1 1	() 11 11 /	1 1				

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lente de la constante de la co parties and the same of the same of

FEB VS 150-REV. 1/1/65

		BALTIMORE CITY	HEALTH DEPARTMENT	()	0.01.40
BIR	TH NO. 66 01043	CERTIFICA	TE OF DEATH	Registered No. 6	b U11143
	E CASE NO.) GERTH TO		D HOUR OF DEATH	
	pe or Print) William T.	Dixon	Jan.		10 4
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	DANOIL	4. USUAL RESIDENCE (Where	deceased lived. If insti	tution: residence before admission)
			A. STATE B. COUNT	7	7-17
	FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location)	ion, give street	C. CITY OR TOWN (If outs	side city limits, write RU	RAL and hive terenship)
,	NSTITUTION		011.	nde city minis, with the	gree and gree severally
44	Union Memorial Hos	inital	D. STREET ADDRESS (If n	ural, give location)	
6	andon memorala 1702	pacua	2512 Strat	hmore Ave.	
S. S		RIED, NEVER MARRIED	B. DATE OF BIRTH 9	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
		wed, DIVORCED (specify)	June 10,1889	ost birthdoy)	vionins Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF
don 13.	e during most of working life, even if retired)	an Ca	Manuland		WHAT COUNTRY?
± 13.	hiet (lerk-National (an (o.	14. MOTHER'S MAIDEN NAM	A E	USVI
0	61. 0.		7 . 11		
SID	Edwin Dixon	1 6, SOCIAL	Fannie Aher	n	ADDRESS
	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of serv				ADDKE33
DU (Ye	no		Mary Dixon		same
0	18.420,11-146	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	7	1.	170	7
E	(This does not mean the made of dying,	e.q., DOE TO	en School	a forthe	
balmed	heart laiture, asthenia, etc. It means the disc injury ar camplication which coused death,)		anulant	and Disa	· i
E	ANTECEDENT CAUSES	(B)	sonery of	homelose	a) / day
		DUE	1-	1 '0	7
670	DISEASES OR CONDITIONS, if any, gi rise to the obove cause (A) stating		curada of	lonsele	gyears.
remains	UNDERLYING CONDITION 10 SI.				
B 7	II		U		
TO 10	TO THE DEATH BUT NOT RELATED TO				
m 4	19A. DATE OF OPERATION 19B. CONDITION I	FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No)	20B. IF YES WERE FIL	IDINGS CONSIDERED
ertific A	WAS PERFORMED			IN CERTIFYING CAUS	ES OF DEATH?
CER	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
before	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR? _	
AED WED	OF INJURY (APPROX)	While At Not Whi	le		
B		Work At Work			11
opt	22. 1 certify that (1) (this hospital) attend	led the deceased from	71////	932,10 Jan	1
pe	that (1) (we) lost saw the deceased alive	//		ot in (my) (bur) apini	on death accurred an the date
÷0	and hour and from the causes stated above	6. (1) (We) (did) (did not)	view the bady after death.	6	
E	23A. SIGNATURE				38. DATE SIGNED
<u></u>	Bleef Of Vikorafo	NACD. All	ending Med. Director	Stoff Phys.	Ances 29/1/9
>	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	me	18
DAOJE 24	ALPORT FSIKARI	TROX M.D.	2939	· Elder	1 1 gralles of
0 24		C. NAME OF CEMETERY OF CR	EMATORY 248. LO	CATION (City)	fown or county) (State)
	burial 2-1-66	Parkunad Cam	etery Bal	timore, Ma	
25	DATE BECID BY HEALTH DERT DER NA	AAR PM DECICTOAD	250. FUNERAL DIRECTOR	whole, ma	ADDRESS
3	FEB 2 1966 Que & 2.	falleria		Ruck and R	altimore, Md.
	The state of the s	4 6 6 7	0-40,114	WELL DILL D	woodnote, mas

. etc. Westware A

24A. BURIAL CREMATION, REMOVAL (Specify)

VS 150-REV. 1/1/65

DATE

Parkwood

Such

	BALTIMORE CITY	HEALTH DEPARTMENT
	BIRTH NO. 66 01044 CERTIFICA	TE OF DEATH Registered No. 66 1) 1044
	M.E. CASE NO. 1, NAME OF DECEASED	2, DATE AND HOUR OF DEATH
	(Type or Print) James Joseph Doule. Sr.	
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	Jan. 31, 1966 6 M. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street	Maryland 27-70
	HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	10 2708 One James of A.	Baltimore
.6	0 2708 Inglewood Ave.	D. STREET ADDRESS (If rurol, give location) 2708 Inglewood Ave.
de	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
mad	WIDOWED, DIVORCED (specify)	lost birthdoy) Months Doys Hours Min.
IS	Maried 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
ion.	done during most of working life, even if refired)	WHAT COUNTRY?
Sit	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
sposit	James P. Doyle	Margaret Lacey
0	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
fina	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 703986	Mary D. Doyle 2708 Inglewood Ave.
1		FORATE Infarction interval between
d or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart gillure, asthenia, etc., it means the disease.)	ONSET AND PEATH
med	LEADING TO DEATH	ocardia (Column Suddin.
pali		1 - 1 2+yrs
eme	ANTECEDENT CALIFEE	mary arley disease emsufficience
are e	DISEASES OR CONDITIONS, if any, giving H	De Standard Contraction of SV
	UNDERLYING CONDITION last.	leriosglarific Cardio Vasculor -! \
the remains	U STATE OF THE STA	andre
E C	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
9	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
before	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	or about 21°C. WHERE DID (If in Baltimare City, give exact location)
oef	OR CONTRIBUTING CAUSE OF home, form, foctory, sheet, off	fice bidg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
ine	OF INJURY (APPROX.) ON TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work At Work	
obtained	22. I certify that (1) this hospital) attended the deceased from	Oct - 165 10 Same 10 65
pe o	that (I) (we) lost saw the deceased alive on Oct /	19 65 and that imy (aur) apinion death occurred on the date
	and hour and fram the courses stated above. (1) (We) (did) (did nat) v	
must	23A. SIGNATURE	23B. DATE SIGNED
0 0	Phys	
LOV	NAME (Type)	23D. ADDRESS
5	Frank T Karih On M.D.	onne Hartand Road

24D. LOCATION (Stote) (City, town, or county) Cemetery Dar 25C. FUNERAL DIRECTOR Leonard J. 1 o., Md. Ruck, Inc. 5305 Harford Rd.

migronolia Carlinaini Subolle Chonon after disease o maifeile

FEB VS 150-REV. 1/1/65

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00 010	A C BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO. 66 010	CERTIFICA	TE OF DEATH Registered	66 01045
M.E. CASE NO.		2. DATE AND HOUR OF DEA	
(Type or Print)	A 73		110 11.
Florence Rose 3. PLACE OF DEATH IN BALTIMORE, N	ALDORS	Jan. 30, 1966 4. USUAL RESIDENCE (Where deceased lived. A, STATE B. COUNTY	If institution: residence before admission)
FULL NAME OF (If not in hospite HOSPITAL OR oddress at local INSTITUTION	al or institution, give street tian)	Maryland c. CITY OR TOWN (If outside city limits, wi	rite RURAL and give township)
0 2815 Beechland Ave	•	Baltimore D. STREET ADDRESS (If ruiol, give location))
		2815 Beechland Ave. #1),
5. SEX 6. RACE Female White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widow	B. DATE OF BIRTH 9, AGE (In years lost birthday) 70	If Under 1 Yı. If Under 24 Hrs. Months Doys Hours Min.
	ork 108. KIND OF BUSINESS OR INDUSTR		12, CITIZEN OF WHAT COUNTRY?
Housewife		Rolling W	
13. FATHER'S NAME		Baltimore Maryland	USA
m - 0 77 ·			
Thomas Collison		Delia Rowland	
15. Was Deceased Ever in U. S. Armed I (Yes, no or unknown) (If yes, give war ar d	forces? oles of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	None	Mrs Norma Sonia 2875	D
18. 2. 2 / X I		Mrs. Norma Serio - 2815	INTERVAL BETWEEN
DISEASE OR CONDITION I	DIRECTLY		
LEADING TO DEAT	H (A) Ger	ebrel Hemorhage	10 days
(This does not mean the made	of dying, e.g., DUE TO		
heart failure, asthenio, etc. It mea	ns the disease, ed death.)	T. Part and la more	0
ANTECEDENT CAUS	ES (B) ar	Lerin curcu cercou ve	7000
	DUE TO	teresclerate cerchiova sesse with Hypertens	2 cm
DISEASES OR CONDITIONS, it	(C)	Jet - C	10 years
UNDERLYING CONDITION last.	,		
11			
O THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING			and the second
19A. DATE OF OPERATION 19B. CO	ONDITION FOR WHICH OPERATION ERFORMED	20 A. AUTOPSY? (Yes at No.) 20 B. IF YES, WI	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218. PLACE OF INJURY (e.g., hame, larm, factory, street, etc.)	in at about 21C. WHERE DID (If in Balti office bldg., INJURY OCCUR?	imare City, give exact lacation)
O 21 D. TIME (Month) (Doy) (Yes	or) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not Wh	ile	
	Wark At Work	2 1	
22. I certify that (I) (this haspit	ral) attended the deceased fram	and from the second of the sec	anusy 30 1966
that (1) (we) last saw the decea	sed alive an Juneary 30	1969 and that in (my) (our)	apinion death accurred an the dat
and have and from the causes s	tated abave. (i) (We) (did) (did not)		
23A. SIGNATURE			238. DATE SIGNED
Tolles	M.D. At	tending Med. Staff	2/1/66
	Ph	ys. Director Phys.	2///
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
Dr. Edward J. Ales	M.D	Harford Rd. & Louise Ave	Baltimore Md.
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CI	REMATORY 24D. LOCATION	(City, tawn, ar caunty) (State)
	Down 1 C	Rolling Ca	Manual en 3
Burial 2/3/66	Parkwood Cemet	Baltimore Co	ADDRESS
FEB 2 1986 () 0	0 0 7 0	Leonard J. Ruck Inc. 5	

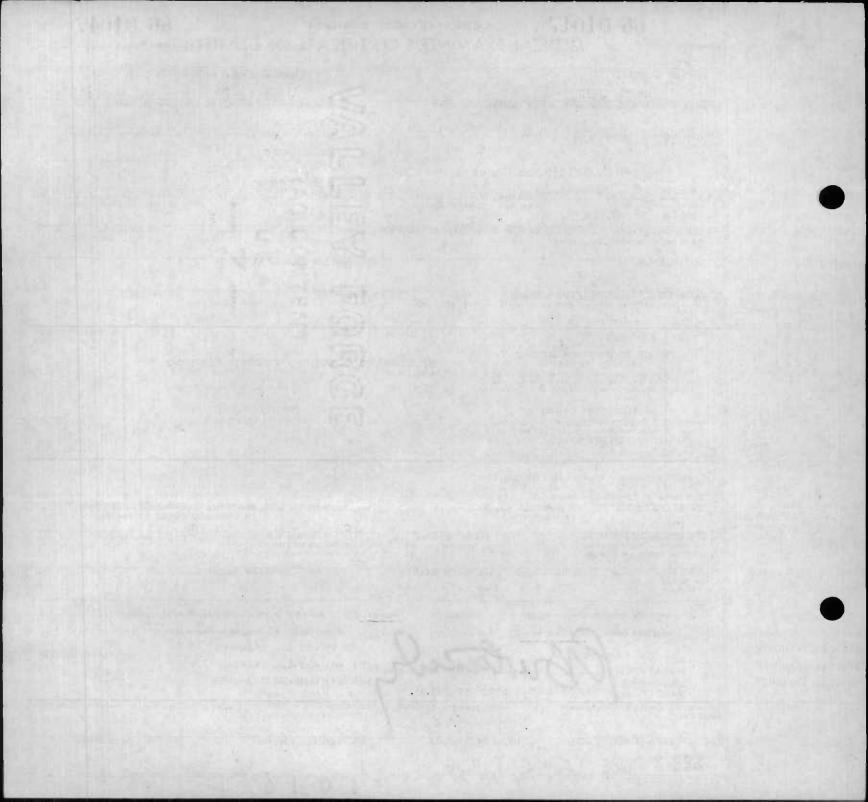
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VS 150-REV. 1/1/65

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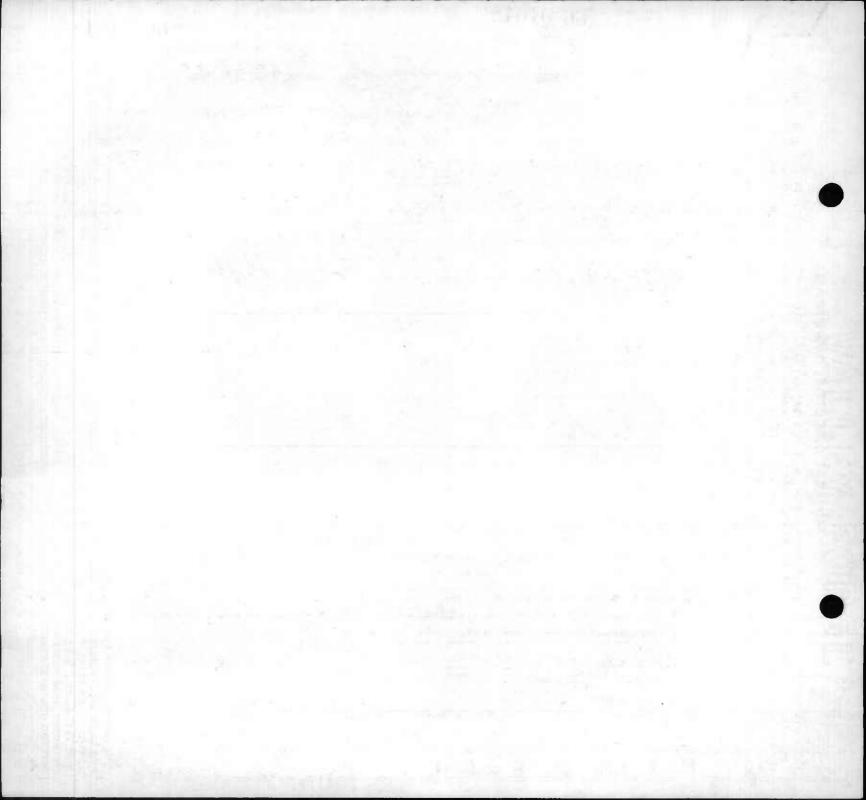
VS 151-REV. 1/1/65

		00 03	114		SALTIMORE CITY HEA	LIH DEPAK	IMENI		00 U	1114/
BIR	TH NO.		MEDI	CAL EX	AMINER'S C	ERTIFIC	CATE OF	DEATH Registe	ered Na	200
M.	E CASE NO.									
	NAME OF DE	CEASED					2 DATE A	ND HOUR PRONOUNC	ED DEAD	
	pe or Print)									
		JOHN JU					Janu	ary 28, 1966)	7:40 PM.
3. F	PLACE IN BALT	IMORE MAR	YLAND, WI	HERE PRONOU	INCED DEAD	A. STATE	RESIDENCE (Whe	e deceased lived. II ins		dence befare admission)
	LNAMEOF	UE NOT	N. MOCRITA				Maryland			
HO	SPITAL OR	ADDRESS	OR LOCA	TION)	TION, GIVE STREET	C. CITY C	OR TOWN (If outs	ide carporate limits, writ	e RURAL o	and give township)
IN 2	TITUTION					1000	Baltimore	77		1
2						D STREET	ADDRESS (II rure	Y 3	2	
52		South	Baltim	ore Gen	eral Hospita	1				
_							535 Freem			
5. 5	EX	6. RACE		7. MARRIED,	NEVER MARRIED DIVORCED (specify)	B. DATE O	F BIRTH	9. AGE (In years lost birthday)	Manths	r 1 Yr. If Under 24 Hrs. Days : Hours , Min.
	male	whit	e	Mar		0,47	-1905	60		
IOA	USUAL OCC	UPATION (Give	kind of work		BUSINESS OR INDUSTI	0.		ian country)	12. CITIZ	EN OF
	e during most of									AT COUNTRY?
			7100				ASHINC		100	
13.	FATHER'S NAM					14. MOTH	R'S MAIDEN NA	ME		
		unic				Uv	rK			
15.1	WAS DECEASE	D EVER IN U.	S. ARMED	FORCES?	16. SOCIAL	17. INFORA			ADDRES	\$
Yes	, na or unknawn	(II yes, give	war ar dates	af service)	SECURITY NO.	-	(-		4	
	Yes	over	10 the			ta	m - 4		86 m.	e.
	18. (17.1.			CAUS	E OF DEAT	Н		1	INTERVAL BETWEEN
	DICEA	CE OR CONT	NITION DIE	reel v						ONSET AND DEATH
	DISEA	SE OR COND	O DEATH	ECILI	0cclu	sive co	ronary ar	tery disease		
	(This does	not meen the	made of	dying, e.g.,	DUE TO					• * * * * * * * * * * * * * * * * * * *
	injury or co	, asthenia, etc. mplication which	ch coused a	leath.)						
		ANTECENDEN			(8)					
		OR CONDITI			DUE TO					
		NG CONDITI		A 1110 111E						
Z					(C)					
CERTIFICATION		il								
5		NIFICANT CO								
Ĭ		R CONDITION			HE	***************************************	•••••			•••••
RT	19A. DATE OF				WHICH OPERATION	20A. AU	ITOPSY? (Yes or No) 208. IF YES, WERE F	NDINGS C	ON SIDERED
\ddot{c}	2		WAS PERF	ORMED				IN CERTIFYING CAU		
7	21 A. EXTERNA	CALISE WA	2	21.9	PLACE OF INJURY (e.g.,	yes		yes yes		dV
MEDICAL	UNDERLYING	OR CONTRIB	-	home,	larm, lactory, street,	affice bldg.	NJURY OCCUR?	III variamare City, g	AS SYDCI IS	uconani
	UTING CAU	SE OF DEATH	1.	etc.)						
Σ	21D TIME	(Month) (D	oy) (Year)	(Hour) 2	E. INJURY OCCURRED		21F. HOW DID IN	JURY OCCUR?		
	(APPROX.)			\w	HILE AT TO NOT	WHILE				
				m. V		WORK L				
	22.	tify that I he	ld an Ir	ouiry 🗌	Inspection A	stapsy X	and that on t	his basis, death in	my aninia	n
	resul	Ited from: M	atoxal cau	ses X A	ccident Surgi	de 🔛 📑	lamicide	Undetermined mann	er 📋	
		. 11	11	*	-	CHI	EF MEDICAL E	XAMINER		DATE SIGNED
	SIGNAT		IVX	7/1/	and to	ASSISTA	NT MEDICAL E	XAMINER X		DATE STORES
		. / /	1	U	M		TE MEDICAL			1-29-66
	EXAMIN NAME (Dire	iger B	reitene	cker, M.D.	J. SOCIA	TE MEDICAL	- AMINER _		
23A	BURIAL CRE		8. DATE		C. NAME of CEMETERY	CREMATO	DRY. 23 D.	LOCATION (City	, lawn, or	county) (State)
	MOVAL (Specil			11		10	1 1	2 / 2		10.010
	Bund		2-2-	66 4	elengton Kar	tenl (om a	Marsfon,	1 a	-
24/	. DATE REC'D	BY HEALTH	DEPT.	248, NAME	OF REGISTRAR	24C. I	UNERAL DIRECTO	OR,	-	ADDRESS
	FFR 2	1986	001	0 %.	7		100 M	1. 1 011	933	(Port 1.16
	ELO A	IUhh /	13 97 6	and the second	II. An Ch.		1 / 1. //	y otal UKI	201	11/18/100ALLA



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=	irect or (4) Und h was in n the de
PORTAN	if the dany kind; ced deat
DR: IME	ner or hi ner. Also, acture of pronounder atter
DIRECTO	al examir; (3) A fredan who
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurre the body was released to the hospital by a medical examiner. Also, if the direct or contribustows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased written approved must be obtained hefore the remains are embalmed or final disposition is made
FUR	by the characteristics (2) By where the where the No physical hefore
	o the hose fany natul (except b); and (6)
	must be deleased tracident of the death
	dy was r. (1) An ac. O.A. at a sed prior
	This ce the bo shows was D

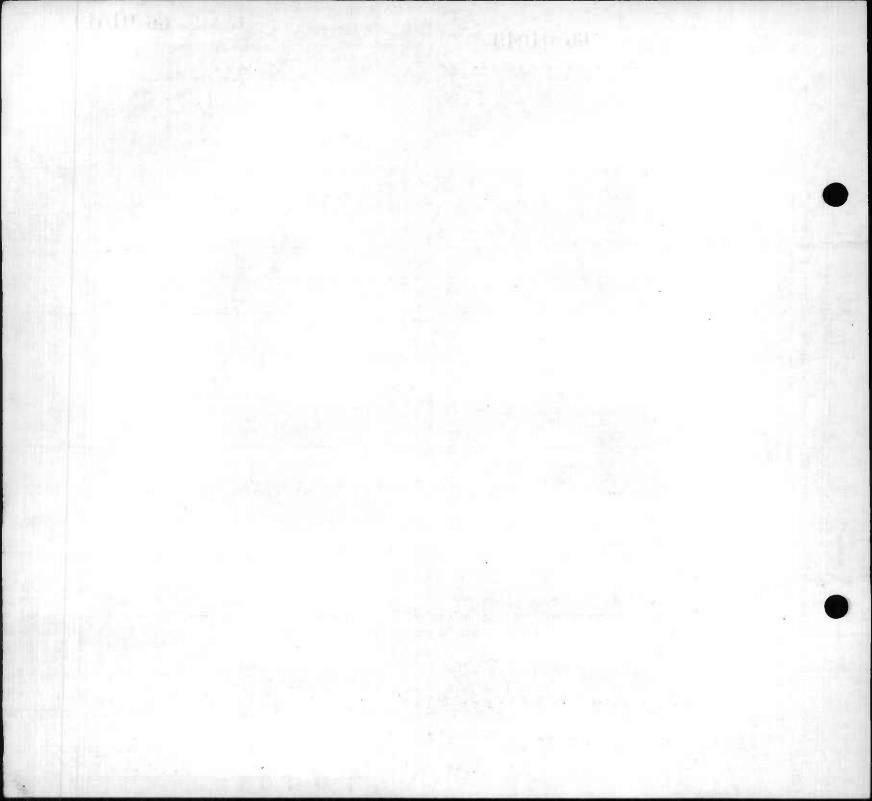
1001	66 01048 BALTIMORE CITY	HEALTH DEPARTMENT
00	BIRTH NO.	TE OF DEATH Registered No. 66 01048
and eath ased the Such	M.E. CASE NO. I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
de de S	(Type or Print) FMMA Deveau	1-29-66 7.20 A.M.
of of of the	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
5 0 0		A. STATE B. COUNTY
4 8 0 D	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL ord give township)
cau Se; end to	INSTITUTION	Baltimore 5-10
		D. STREET ADDRESS (If rurol, give locotion)
O.= L .	South Baltimore General Hospital 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	111 Tenth Ave 21225
ontribut ermined regular sased p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
contrik letermin in regul eceased	F W Married	8-22-1894 7/
th contract of the contract of	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
0 - 0 - 7 -	Housewife	Baltimore Md.
	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
S	Gerrana Tayoht	Spent Haves
di di di	15. Was Deceased Ever in U. S. Agned Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
the drind; kind; deat	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Family Dine
T T T T T T T T T T T T T T T T T T T	18. 44- 90 . 1 I CAUSE O	F DEATH INTERVAL BETWEEN
S - B - O		ONICET AND DEATH
Also, Also, no	LEADING TO DEATH	rearded Infactor
ono ono alm	(This daes not meon the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	
0	injury or complication which caused death.)	
xamine xamine) A frac who p r reguld	ANTECEDENT CAUSES (B) DUE TO	***************************************
Xan Xan Wh Wh	DISEASES OR CONDITIONS, if any, giving	
Ten Erica	rise to the above cause (A) stating the (C)UNDERLYING CONDITION last.	
dical dical rrns; sicio was mair	ll ll	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
f m me y b ph ign	DISEASE OR CONDITION CAUSING IT.	
a od od	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 218. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by B	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID (If in Baltimore City, give exact location)
the alb (2) ere o pl	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	ffice bldg., INJURY OCCUR?
hospite nature; ept wh d (6) Nained b	U	21F. HOW DID INJURY OCCUR?
ed hosp atu (6)	S OF INJURY	
	Work At Work	
74 C 0 0 0	22. I certify that (\$) (this hospital) attended the deceased fram	
to to of a	that 🗯 (we) last saw the deceased alive an	19 6 and that in(1997) (aur) apinion death accurred on the date
	and haur and fram the causes stated above. (I) (We) (did) (did nat) v	
ust be assed dent ospit deat	23A. SIGNATURE M.D. AHI	ending Med. Stoff W
must eleas ccide a hos to do	Phy	s. Director Phys. A
Is r	NAME (Type)	23D. ADDRESS
certificate body was r rs: (1) An at D.O.A. at a ased prior	J. Munzner M.D.	South Baltimore General Hespital
	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION (City, town, or county) (Stote)
	Bund 2-1-66 Cohen Haven	Com Hen Burne Ind
This certi the body shows: (1) was D.O. deceased	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
ませるまでき	FEB Z 1966 Q Contr & Salbuma.	McGelly J. N. 231 Talepsed ho
	VS 150-REV. 1/1/65	10/1/



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and VS 150-REV. 1/1/65

				BALTIMORE CITY	HEALTH DEPARTMEN	T	00 01 10
BIRT	H NO.	00 0	1 ~ 1/	CERTIFICA	TE OF DEATH	Registered Na.	66 01049
	CASE NO.	EASED 55 U	1043			AND HOUR OF DEATH	
	e or Print)	LEWIS W. CA	ESW	ELL SR.		1/30/66	8.4
3. P	LACE OF DEA	TH IN BALTIMORE, MAR		3017		Where deceased lived. If in	stitution: residence before odmission)
	IIII NAME O	E (If not in bossite) a	e îmmelêntin.	- Jahren adarah	MPI	1.3-	-1.
H	ULL NAME O IOSPITAL OR NSTITUTION	F (If not in hospital o address or location)		n, give street		If outside city limits, write	RURAL one give township)
^					BALTO,		
U	817	7 POWERS	STI		D. STREET ADDRESS	(If rural, give location)	
					817 POW!	ERS ST.	
5. SI	IALE,	6. RACE	WIDOW	D, NEVER MARRIED /ED, DIVORCED (specify)	B. DATE OF BIRTH 2/1/20	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
				OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
done	during most of v	working lile, even if retired)	137	T.C.	M	0	WHAT COUNTRY?
	ATHER'S NAM			-	14. MOTHER'S MAIDEN	NAME	
		9				?	
15. V	Vos Deceosed	Ever in U. S. Armed Forc	es?	1 6. SOCIAL	17. INFORMANT	· · · · · · · · · · · · · · · · · · ·	ADDRESS
(Yes,	no or unknown	(If yes, give wor or dotes	of service		WATTIE CAL	eswall en	POWERS ST.
/	18. LL 0	A 1 :		2/8-03-3506 CAUSE O			INTERVAL BETWEEN
- 1	7 %	O / I	CTLV	CAUSE O	DEATH		ONSET AND DEATH
		E OR CONDITION DIRE LEADING TO DEATH	CILT	Ca	RONDRY A	CCUUSION	14000
		ol meen the mode of			10001-1-7		
		osthenio, etc. It meons application which coused		se,			10.00
	-	= 8 000 mpm = mpm g = 8 7 7 7 40 444 4 6 8 8 8 8 8 8 8 9 9 9 8 8 8 8 8 8 8 8 8					
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		obove couse (A) CONDITION lost.	sloling I	he (C)	BO 2 to a Cop o a Cop a	0 0 7 0 7 0 7 0 0 0 0 7 0 0 0 7 0 0 0 0	0
		11					
Z	OTHER SIGNI	FICANT CONDITIONS CO	ONTRIBUT	ING .		1 11	
ATI	DISEASE OR	EATH BUT NOT RELATED	TED TO	THE Chronic ba	stritis, slidi	or No) 20B. IF YES, WERE	414 /41.
CERTIFICATION	19A. DATE OF	OPERATION 198. CONE		R WHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
ERT	0				1 100 0 000000		
_	OR CONTRIBU	TING CAUSE OF	1	IB PLACE OF INJURY (e.g., in nome, form, foctory, street, of	fice bldg., INJURY OCCU	R? (If in Boltimor	e City, give exoct locotion)
U		medical examiner		etc.)			
	21D. TIME OF INJURY	(Month) (Doy) (Year)		IE, INJURY OCCURRED		INJURY OCCUR?	
2	(APPROX.)			While At Not While Work Not Work			
	22. I certify	that (1) (this hospital)	attende	the deceased from A	11 30	1962 to Va	n 24 1966
	that (I) (we)	last saw the deceased	d alive a	Na4 34	1966 an	d that in (my) (our) opi	nian death occurred an the date
	and have and	from the causes state	ed abave	(1) (We) (did) (did nat) v	iew the bady after dec	ath.	
	23A. SIGNATU	IRE 1	1	100			23 B. DATE SIGNED
	Kan	whallall the	Shi	THING M.D. Alle	mding Med. Director	Stoff Phys.	
	23C. PHYSICIA	N'S	YM	1	23D. ADDRESS		11 "
	NAME IT	DAGPH N.	501	TO RERIA M.D.	338 LI PA	rate SV. t	Pallimore Md
24A		MATION, 24B. DATE	24C.	NAME of CEMETERY OF CRI	MATORY 24	D. LOCATION (C	ity, town, or county) (State)
18	"WAIAC	2/2/6	6 4	ONNAINE PA	NK	BALTO, M	13-
-		BY HEALTH DEPT.	25B. NAM	E OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS
	FEB 2	1966 (0.0- 4	-2.3	a and	Vant L.	Charavel	crehartures Ane



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD 4:45 P M. January 28, 1966 HENRY JUELICH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) RULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR 3-4-66 Baltimore D. STREET ADDRESS (If rurol, give location) 3138 Chestnut Ave. 3138 Chestnut Ave. 8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 Hrs. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED lost birthdoy WIDO WED, DIVORCED (specify) Months, Doys, Hours, Min. white male MAARIED 10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY) 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? GERMANY done during most of working life, even if retired) U.S.A. STORF GROLER 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Betty Wanterfeld Carl Juelich ADDRESS 16. SO CIAL SECURITY NO. 7. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wer or dotes of service) UNTAJUELICH 3138CHESTNAT AVE 489-12-5802 YES WWII INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gunshot wound of chest (This does not mean the mode of dying, o.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused dooth.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) location, form, foctory, street, office bldg., NJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIB-UTING CAUSE OF DEATH. 3138 Chestnut Ave. home 21 D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Dov) (Yeor) (Hour) OF INJURY m. WHILE AT NOT WHILE (APPROX.) 1-28-66 2:40 Shot during a hold-up 22. Autopsy X and that an this basis, death in my apinlan I certify that I held on Inquiry Inspection __ Homicide X capses Accident Suicide Undetermined manner resulted fram: Natural CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL A.D. ASSISTANT MEDICAL EXAMINER 1-29-66 SIGNATURE ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D. 23A. BURIAL CREMATION. 23B. DATE 23C. NAME OF CEMETERY OF CREMATORY 23 D. LOCATION (City, town, or county) (Stotel REMOVAL (Specify) BALTOIMO BALTON NAT. BURIAL 24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS. VS 151-REV. 1/1/65

M.E. CASE NO.	CAL EXAMINER O		Register Ro. ULO 51			
NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED DEAD				
(Type or Print) Eva	Westcott	1/27/66 3:00 p. _M .				
3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased live	ed. Il institution: residence belare admissio			
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCAT NISTITUTION	L OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate lin				
0		D. STREET ADDRESS (II rural, give location)	, 1 9 7			
Franklin Square 1	Hospital	1602 Lemmon St.				
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	11-30-1892 9. AGE (lost birth)				
10A, USUAL OCCUPATION (Give kind of work done during most of working life, even il retired)	HOMES	Virginia	12. CITIZEN OF WHAT COUNTRY?			
3. FATHER'S NAME Les	lie Parrish	14. MOTHER'S MAIDEN NAME				
5. WAS DECEASED EVER IN U.S. ARMED Yes, no or unknown) (II yes, give wor or dates		17. INFORMANT Mrs. Pearl Piearce 106	Juniper Dr. Glen Burnie			
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STAUNDERLYING CONDITION LAST. ZOTHER SIGNIFICANT CONDITIONS OF	NY, GIVING DUE TO DUE TO (C)					
O TO THE DEATH BUT NOT BEL	ATED TO THE					
	ATED TO THE		NG CAUSES OF DEATH?			
TO THE DEATH BUT NOT RELADISED TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. COND. WAS PERFO	ATED TO THE IT. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g.		yes			
TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONE WAS PERFE	ATED TO THE IT. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g. home, form, loctory, street, etc.) (Hour) 21E. INJURY OCCURRED WHILE AT NO	yes in or obout 21C, WHERE DID office bldg., INJURY OCCUR?	yes			

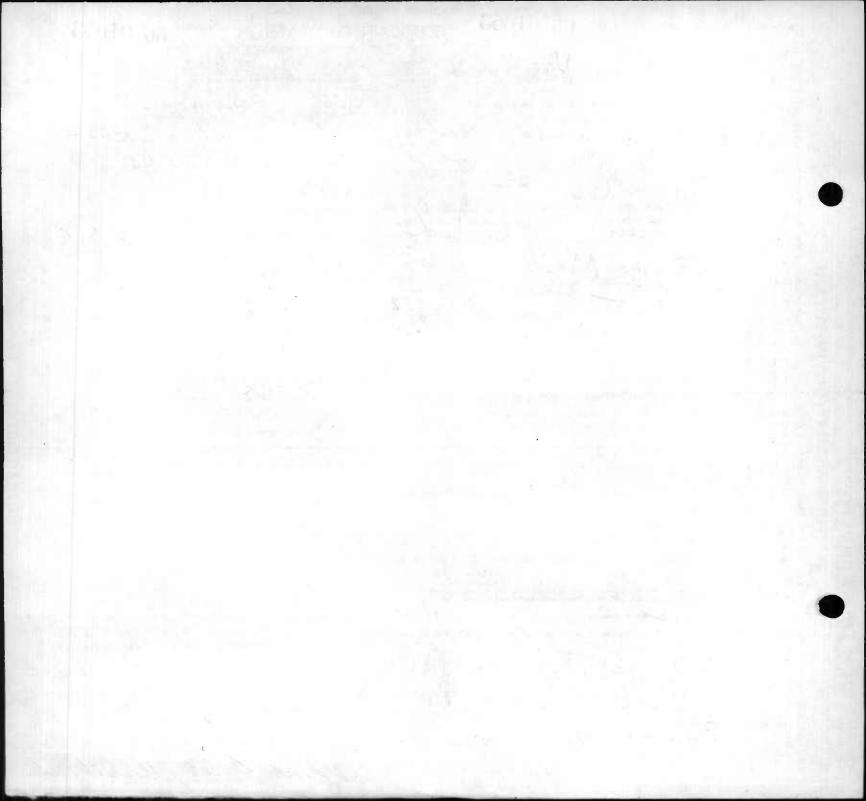
due. cont Plantes (Ill. Junior V. Combine Sunday I - I - I - 10 . Olivet Contact Cathairs, M. R-374

	66	111052	В	ALTIMORE CITY HEAL	TH DEPART	MENT		36 111	052	
81 R		MEDI	CAL EX	AMINER'S CE	ERTIFIC	CATE OF D	EATH Register	red No.	(1015	
	E CASE NO.	PACED								
ίŤγ	NAME OF DEC pe ar Print)	Joseph R	idgely			2. DATE AND	Jan. 31 66		7.00	A.M.
		MORE MARYLAND, WI			A. STATE Baltimore, Maryland					(mission)
HO	LL NAME OF	ADDRESS OR LOCA	L OR INSTITUTION)	TION, GIVE STREET	C. CITY OR TOWN (If autside carporate limits, write RURAL and give township) Baltimore					
H	2	St. Agnes	Hospita	1	D. STREET	ADDRESS (If rurol,	(2)	e.	1	
5. 9	Male	6.RACE White		NEVER MARRIED DIVORCED (specify)	8. DATE OF	BIRTH	9. AGE (In years last birthday)	If Under 1 Months Do	Yr. If Under	24 Hrs. Min.
10A don	USUAL OCCU	PATION (Give kind of work rarking life, even if retired)	108. KIND OF	ried Business or Industry	STRY 11. SIRTHPLACE (State or foreign cauntry)		69	12. CITIZEN WHAT	OF COUNTRY?	
13.	Retired	E			Maryl 14. Mornie	and TS MAIDEN NAME		USA		
15.	William	EVER IN U.S. ARMED	FORCES?	16, SO CIAL	Rmma	Lizier		ADDRESS		-34-
		(If yes, give war or date:		SECURITY NO.			and Cana		- D	
	yes	WWI		Unk.	OF DEATH	oan NcCull	ougn, sane	as lin	TERVAL BE	TIMEEN
CAL CERTIFICATION	(This does not heard failure, injury or con A DISEASES (RISE TO THE UNDERLYIN) OTHER SIGN TO THE	-66 Subo	dying e.g., the disease, leath.) S NY, GIVING ATING THE CONTRIBUTIN ATED TO TH IT. DITTON FOR V ORMED	(8) DUE TO CET hen (8) DUE TO (C)	rebral norrhag	OPSY? (Yes or No)	and intrac	NDINGS CON IES OF DEATI	H?	
MEDICAL	21 D TIME OF INJURY	(Manth) (Day) (Year)	(Haur) 21	Street IE INJURY OCCURRED	Monroe and Wilkens Avenue					1
	(APPROX.)	1 1 66 3	3:45A W	HILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE X	Apparent	ly fell and	struck	head	
	22. I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted from: Natural causes Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER S						DATE SIG 1966	NED		
		MATION, 238 DATE	230	C. NAME of CEMETERY of	CREMATO	23 D. LC	CATION (City,	tawn, or coun	ity) (S	State)
24/	Parialero	BY HEALTH GEN. 66	248, NAME	Baltimore Nati	onal (emetery UNERAL DIRECTOR	Baltimore,	Md ADD	PRESS	
	FEB 2	1966 (2.2.	F.2. F.	selwan.	Мс	Cully Fune	ral Home, 1	30 E. F	ort Av	re.
VS	151-REV. 1/1/6	55 N 8 5 3	1,09	5 0 0 0	0	051		Bal	to, Mo	1 4

School and the second s d and a spill y direct family and and a set of Company of the control of the contro new Bank of Charles and Charles of the Charles

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

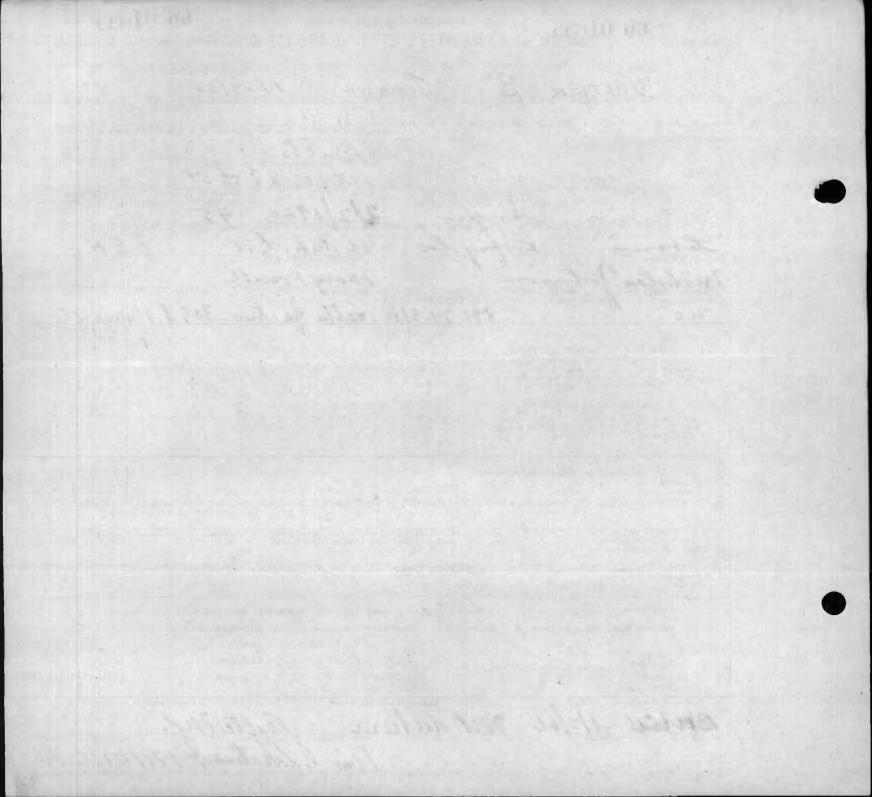
	CERTIFICATE OF DEATH Registered No. 66 01053								
1, N	AME OF DECEASED	A		OUR OF DEATH					
(Тур	e or Print) FRED USHER I	Nowll	1/30	166	1 2 Pm.				
3. 1	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where de	ceased lived. If instit	ution: residence before admission)				
11 ,	TULL NAME OF (If not in hospital or institu	tion are steet	1 1	LTIMORE	E .				
1	HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside city limits, write RURAL and give township)						
JIA	MARYLAND GENERAL HOSITAL		White MARSh 21162						
1	Balto Md.		D. STREET ADDRESS (If rural, give location) 10 70 A. Rodline Rd.						
5. S		RIED, NEVER MARRIED			If Under 1 Yr. If Under 24 Hrs. Aanths: Days Haurs Min.				
	m Can	OWED, DIVORCED (specify)	9/3/87	78					
	. USUAL OCCUPATION (Give kind of work 108, KIN e during mast all workings lile, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lareign of	ountry)	12. CITIZEN OF WHAT COUNTRY?				
	Sales	austration	England		V. S, A.				
13.	FATHERS NAME		14. MOTHER'S MAIDEN NAME						
	sourge Noull	HARRIFIT Usher							
15. Yes	Was Deceased Ever in U. S. Armed Forces? s, no or unknownfill yes, give wor ar dates of service) 16. SOCIAL SECURITY NO.								
	No	217-03-8243	Chant	b.					
	18. 4 20, /1	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY		10011		ONSEL AND DEATH				
	LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO 2								
	heart foilure, osthenio, etc. It means the disease,								
	ANTECEDENT CAUSES (B) Howsel Macanal Sylvation 8 h.								
	DISEASES OR CONDITIONS, if ony, giving								
	rise to the obove couse (A) stoling the (C)								
	UNDERLYING CONDITION lost.								
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
ERTIFIC									
ERT	0								
AL C	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, af etc.)	fice bldg., INJURY OCCUR?	Ur in Baltimore C	ity, give exact lacotion)				
U	U .								
MEDI	21 D. TIME (Month) (Doy) (Year) (Haur) OF INJURY	21 E. INJURY OCCURRED While At Not While	21F. HOW DID INJURY	OCCUR?					
	(APPROX)	Wark At Wark			1_1				
	22. I certify that (1) (this hospital) attended the deceased fram 1/30/66 19 to 1/30/66 19								
	that (1) (we) lost saw the deceased alive an								
	ond hour and fram the couses stated above. (I) (We) (dld) (did not) view the body ofter deoth.								
110	23A. SIGNATURE 23B. DATE SIGNED								
1	Phys. Director Phys.								
	230 PHYSICIAN'S NAME (Type)	AME (Type) The Course of the							
211	140SD.								
1244	REMOVAL (Specify) 24B. DATE 2	TION (City,							
K	ORIA - 2/3/66	Moreland Memorial	Park Balti 25C. FUNERAL DIRECTOR	more Maryla	ınd				
25A		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Enel.	Loudell WO				
VS	150-REV. 1/1/65	5 6 6 1 A	TO E O	7/	- Marie Mari				



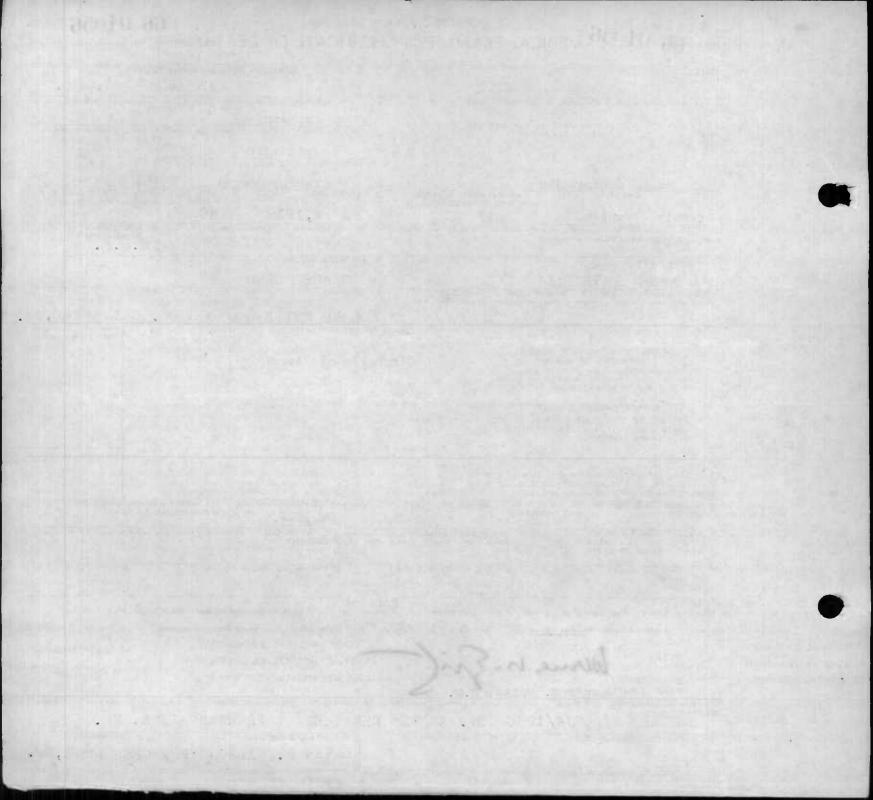
	BALTIMORE CITY HEALTH DEPARTMENT							
M	RTH NO. .E. CASE NO.	Registered NoGG	01054					
1. (T	NAME OF DECEASED Charles	/三。	2. DATE AL	NO HOUR OF DEATH	6 9,20 P.M.			
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Who	ere deceased lived. If institu	ution: residence before admission)			
	FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION		C. CITY OR JOWN (If outside city limits, write RURAL and give township) D. STREET ADDRESS (If rurol, give location)					
34								
6 5.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED		B. DATE OF BIRTH S. AGE (In your I f Under I Yr. If Under 24 Hrs.					
5.	m Can WIDOWEI	D, DIVORCED (specify)	5-31-88	lost birthdoy)	tonths Doys Hours Min,			
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF ne during most of working life, even if retired) FOUR	FHIR STORES	11. BIRTHELACE (Stote or fore	eign country)	2. CITIZEN OF WHAT COUNTRY?			
do do	FATHERS NAME		14. MOTHER'S MAIDEN NA	ME				
	Was Deceased Every U. S. Armed Forces? es, no or unknown) (If yey, give wor or dotes of service)	1 6. SOCIAL	17. INFORMANT	HTER	ADDRESS			
Tinal ()	25, no or unknown) (If feet, give wor or dotes of service)	SECURITY NO. 15 012958	HOSPITAL .	RECORDS				
ō	DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH	1.0.7	INTERVAL BETWEEN ONSET AND DEATH			
paimed	LEADING TO DEATH (This does not meen the made of dying, e.g., heart failure, asthenia, etc. It meens the disease,		youardia	mejaren	or Days			
empo	injuly or complication which coused death.) ANTECEDENT CAUSES (B) Coronary occlusion (B)							
DISEASES OR CONDITIONS, if ony, giving sise to the above couse (A) stating the				YEARS				
	UNDERLYING CONDITION Iosl.							
E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
= =	19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No!) 20B. IF YES WERE FINDINGS CONSIDERED							
betore	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEC.	PLACE OF INJURY (e.g., in e, lorm, foctory, street, olf)	or obout 21C. WHERE DID ice bldg., INJURY OCCUR?	(If in Boltimore Ci	ity, give exact location)			
Deci Deci	OF INJURY	INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?				
opta	22. I certify that (I) (this haspital) attended the deseased from JAN 14, 1966 to JAN 28 1966.							
De	that (1) (we) last saw the deceased alive an AN, 28 1966 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above. (1) (We) (dld) (did not) view the bady after death.							
must	23A. SIGNATURE 23B. DATE SIGNED 2.011							
BAOJA 24	23 CTAYSICIAN'S NAME (Type)	Phys	3D. ADDRESS	Stoff Phys.	117 N. 20.1766			
Jdd 24	VAGUSTIN CE/	CAMPO M.D.		OURS HO.	Sp. BALT. Nd.			
	REMOVAL (Specily)	10001 DWA	/ 2	BALTO CO	Mown, or county) (Stote)			
Written 525	A. DATE REC'D BY HEALTH DEPT. 258. NAME C	OF REGISTRAR	250 FUNERAL DIRECTO	nalst	ADDRESS 2/228			
VS	150-REV. 1/1/65	STATE OF THE PROPERTY OF THE P	301 FM	EDERICK !	912			

no Date o 1 = Pasport flows Em Services. M 85-18-38 WH Theory Stepn

BIRTH NO. MEDI	ICAL EXAMINER'S C	ERTIFICATE OF	DEATH Registered	d No
M.E. CASE NO.				
I. NAME OF DECEASED	0 1		ND HOUR PRONOUNCED	DEAD
WALTER	13. JOH	NSON 1	129/66	182 M.
3. PLACE IN BACTIMORE, MARYLAND, W	HERE FRONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If institut B. COUNT	tion: residence before admission) TY
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (II outs	ide corporate limits, write R	URAL and give township)
NSTITUTION		1 1.0%		13-61
		D. STREET ADDRESS (III rur	ol, give location)	10/
		11510,2	2 rd 5+	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Il Under 1 Yr, If Under 24 Hrs. Months, Doys, Hours, Min.
MALE NEGRO	Single	2/2/1920	45	
	108. KIND OF USINESS OR INDUST	TY 11. CIRTHPUACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)	Kroting las.	Wash.a	10.	115.A
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	0,2,7,
72:1.0.01		Trusses Day	vell	
S. WAS DECEASED EVER IN U.S. ARMED	FORCES? 116. SO CIAL	17. INFORMANT		ADDRESS
Yes, no or unknown! (If yes, give wor or dote		11+1.1	V 2.1	1111
no	\$27-24-338	5 /talke Jac	Non - 309 8,	ruason cr.
18. 44	CAUS	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY		. 11-0	
LEADING TO DEATH	(A) HR	TERIOSCLEROFI	c MEART	
(This does not mean the made of heart failure, asthenia, etc. It means	dying e.g., DUE TO's the disease,			
injury or complication which coused	deoth.)	UISO	EASE	
ANTECENDENT CAUSE	ES			Jan Thursday
DISEASES OR CONDITIONS, IF A				
RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST.	TATING THE			
Z	(C)			
OTHER SIGNIFICANT CONDITIONS				
OTHER SIGNIFICANT CONDITIONS				
TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING			000000000000000000000000000000000000000	
19A. DATE OF OPERATION 198, CON		20A. AUTOPSY? (Yes or N	o) 20 B. IF YES, WERE FINE	
21A. EXTERNAL CAUSE WAS	218. PLACE OF INJURY (e.g.	, in or obout 21C. WHERE DID	(II in Boltimore City, give	exoct location)
UNDERLYING OR CONTRIB-	home, form, factory, street, etc.)	office bidg., INJURY OCCUR?		
21D TIME (Month) (Doy) (Yea	Hour 21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX.)		WHILE		
		WHILE WORK		
22. I certify that I held an I	Inquiry Inspection A	utopsy ond that on	this bosis, deoth in my	opinion
resulted from: Natural ca	uses Accident Suici		Undetermined monner	
100000000000000000000000000000000000000		CHIEF MEDICAL	paterny	
ACTUAL RU	Lal			DATE SIGNED
SIGNATURE	M.	D. ASSISTANT MEDICAL		11 111
EXAMINER'S		ASSOCIATE MEDICAL	EXAMINER	1/30/66
NAME (Type)	23C. NAME of CEMETERY	CREAL ATORY 22D	LOCATION (City, to	own, or county) (State)
23A, BURIAL CREMATION, 23B, DATE	23C. NAME OF CEMETERY	OF GREMATORY 230	1 1.4 9	1
BENEAU 2/3/6	6 mit aut	um 1/3	allo, Mo.	
24A. DATE REC'D BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C. FUNERAL DIRECT	DRY 1	ADDRESS
		111. 0 /	hatrianh-11	71/m: Cullah



BIRTH NEGO	WEDI	CAL EX	AMINER'S CE	RTIFICATE	OF D	EATH Registere	ed No	
M.E. CASE NO.				10-			DEAD	
1. NAME OF DE	Jane	Kel:	ly	2. D.	ATE AND	1/28/66	DEAD	1:00 p.
3. PLACE IN BAL	TIMORE, MARYLAND, W			A. STATE	(Where o	deceased lived. If institu	itian: resid	dence befare admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN	(If outside	corporate limits, write	RURAL ar	nd give township)
				D. STREET ADDRESS	imore.		4	
	0	4 - 1					1 -	-07_
5. SEX	Century Ho	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	ury I	9. AGE (In veors		1 Yr. If Under 24 Hrs.
female	white		VORCED (specify)	MAY 4,19	919	last birthdoys 46	Months	Doys Hours Min.
IOA USUAL OCC	UPATION (Give kind of work	200	BUSINESS OR INDUSTRY				12. CITIZI	EN OF
NONE	working life, even if retired)			MARYLANI			U.S	T COUNTRY?
13. FATHER'S NAM				14. MOTHER'S MAIDE	N NAME			
GEARG	E LAYFIELD			GRACE N	AORR!	4,		
	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	3.6		ADDRESS	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			EDWARD SMI	ד א ידי	OOGWOOD DR	. SA	LISBURY, MI
18.	10			OF DEATH		20011002 211		INTERVAL BETWEEN ONSET AND DEATH
DISEASES RISE TO TH UNDERLYI	ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST NG CONDITION LAST. II ENIFICANT CONDITIONS	NY, GIVING TATING THE	(B) DUE TO (C)					
TO THE DISEASE C	DEATH BUT NOT REPORT CONDITION CAUSING) IT.	WHICH OPERATION	LOOA AUTOPSY2 (Vo.	or No.	20B. IF YES, WERE FIN	DINGS	ON SIDERED
O DATE O	WAS PER		WHICH OPERATION	part		IN CERTIFYING CAUSE		
O UNDERLYING	AL CAUSE WAS OR CONTRIB- JSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., i farm, factory, street, o	ffice bldg., INJURY OC	E DID (If in Boltimore City, give	e exoct lo	cation)
21D TIME OF INJURY (APPROX.)	(Month) (Day) (Yeo	v	VHILE AT NOT WORK AT W	WHILE	DID INJU	RY OCCUR?		
22. I cer	tify that I held an I	nquiry 🗌	Inspection Pa	rtial opsy X and the	ot on thi	s bosis, death in my	y opinlo	n
resu	Ited from: Notural co	uses X A	ccident Suicld	e Homicide] u	Indetermined monner		
ACTUA SIGNAT		10-	Sid M.D.	ASSISTANT MEDIC				DATE SIGNED
EXAMII NAME (NER'S (Type) Werner U.	Spitz,	M.D.	ASSOCIATE MEDI	CAL EX	AMINER		1/28/66
23A, BURIAL CRI REMOVAL (Special BURIA)	EMATION, 23B. DATE	23	C. NAME of CEMETERY o	CEMETERY		RINCESS AN	NE,	
24A. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	LEVIN F		ILSON PRI		S ANNE, MU.
VS 151-REV. 1/1	/65	49 63	6110	100	£13			



		BALTIMORE CIT	TY HEALTH DEPARTMENT	
	H NO. JHI+18 366 26	057 CERTIFICA	ATE OF DEATH Registered	No. 66 U11157
1. N.	AAAE OE DECEASED	n · 2	2. DATE AND HOUR OF DE	
	Hamo 34 WW		IAM T. HARRIS/29/6 6 10	
. P	LACE OF DEATH IN BALTIMORE, MARTLANI	D	A. STATE B. COUNTY	If institution; residence before odmission
	ULL NAME OF (If not in hospital or institution) OSPITAL OR oddress or location)	tution, give street	MARYLAND	Jalot
	NSTITUTION		C. CITY OR TOWN (If outside city limits, w	THE KUKAL and give Township)
3	THE JOHNS HOPKINS	HOSPITAL	D. STREET ADDRESS (If rurol, give location	1)
			WATER ST	. ,
. s	ALE CZ WHITE TSO	MARRIED, NEVER MARRIED DOWED, DIVORCED (specify) MARRIED	B. DATE OF BIRTH6/23/19 AGE (In years 6-24-11	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
(0À.	USUAL OCCUPATION (Give kind of work 108, KI	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
sone	during most of working life, even if retired) UNKNOWN		CHUREHLAND, VIRGINIA	U.S.A.
13. [FATHER'S NAME T.		14. MOTHER'S MAIDEN NAME	
	WILLIAM P. HARRIS,	JR/	SALLY MARTIN	
5. V	Nos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
es,	,no or unknown) (If yes, give wor or dotes of se	UNKNOWN	IIA DOTCON FINEDAT HOME CO	. Wishaalla Waara
	YES WW II		HARRISON FUNERAL HOME, St.	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		,	ONSET AND DEATH
	LEADING TO DEATH	(A) 20	pris	24 hours
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di			
	injury ar complication which coused death.	1	werdingt Day lonibil	trom an unknow
	ANTECEDENT CAUSES	(B) UE TO	suralized peritonitis	Trone are ancient
	DISEASES OR CONDITIONS, if ony,	giving	cus in the abdomen	
	rise to the obove couse (A) stating UNDERLYING CONDITION lost.	g the (C)		
	11	^		
ON	OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING Kenal	failure.	The Market Market
AT	DISEASE OR CONDITION CAUSING IT.		[20]	
RTIFIC	WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, W	CAUSES OF DEATH?
122 16	21A. ACCIDENT WAS UNDERLYING	200 PLACE OF INJURY (e.a.	in or obout 27¢. WHERE DID (If in Bolt	ailable at certificater timore City, give exoct location)
_ 1	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street,	office bldg., INJURY OCCUR?	more only, give exact toegram
O		1 235 INTHINY OCCUPANT	DIE HOW DID INTURY OCCUM	
	21D. TIME (Month) (Doy) (Yeor) (Hou OF INJURY	While At Not W	21F. HOW DID INJURY OCCUR?	
-	(APPROX.)	Work Al Wo		
	22. I certify that (+) (this hospital) atte	nded the deceased from	Jan 10 19 66 to	Jan 29 19 66
	that (+) (we) lost saw the deceased aliv	e on 10 45 AM Jan	29 19 (6 and that in (mg) (our)	opinian death accurred on the d
	ond haur and from the causes stated ab	ove. (1) (We) (did) (111	view the body after death.	
	23A. SIGNATURE			23 B. DATE SIGNED
	Rh Croom "	M.D. A	trending Med. Stoff Phys.	Jan 29, 1966
	23C-PHYSICIAN'S		23D. ADDRESS	
	RS Crom, W 23C. PHYSICIANS NAME (Type) R. D. CROOM	M) M)	Luce Harris	HOSPITAL.
244		24C. NAME of CEMETERY OF C	000	(City, town, or county) (Stote)
247	REMOVAL (Specify)			(Stole)
	CREMATION 2/1/66	LOUDON PARK CRE		
25A	. DATE REC'D BY HEALTH DEPT. 258, N	AME OF REGISTRAR	2 HARRISON FUNERAL HOME	, ST. MICHAEL'S MAR
	FEB Z 1966 0 0 8-	2. Falling	AKABBAYAD AKAMAKANAN AKAMAKAN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
VS	150-REV. 1/1/65		1 1 0 5 0	

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VS 150-REV. 1/1/65

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s approved by the chief medical examiner or his assistant if death occurred in a hospital and I to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	al (except where the physician who pronounced death was in regular attendance on the the ; and (6) No physician was in regular attendance on the deceased prior to death. Suct be obtained before the remains are embalmed or final disposition is made.

the body was released was D.O.A. at a hospit deceased prior to deat written approval must shows: (1) An accident

BIR	TH NO.	00 010	59 CERTIFICA	TE OF DEATH	Registered No.	JO OLUGO
	E CASE NO.	UU	JS CERTIFICA		ND HOUR OF DEATH	
	pe or Print)	Joseph Hard	den		ary 30, 19	((22 12
3.	PLACE OF DEATH	IN BALTIMORE, MARYLA			re deceased lived. If i	nstitution: residence before admission)
	FULL NAME OF HOSPITAL OR	(If not in hospital or in: address or location)	stitution, give street	Maryland	teide city limite wite	RURAL and give township)
	INSTITUTION	Provident H	Hospital	Baltimore	iside city illinis, wille	KOKAL did give lownship!
3	9	1514 Divisi	ole .		rurol, give location)	
	/	Baltimore,		1305 Divisio	n Street	
			MARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yi. If Under 24 Hrs. Manths Doys Hours Min.
			KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	67?	12, CITIZEN OF
	ne during most of working			Unknown	ingii oddiiny/	WHAT COUNTRY?
13.	FATHER'S NAME	/		14. MOTHER'S MAIDEN NA	ME	
	Harry	Herden	/	Jennie		
15, (Ye	Was Deceased Ever es, no or unknown) (If y	in U. S. Armed Faices? res, give war at dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	. /	WWI	213-67-655	Maccie He	Jan 130	3 Division St.
	DISEASE O	I R CONDITION DIRECT		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		DING TO DEATH	(A) Art	eriosclerotic	heart dise	956
	heart foilure, osth	neon the mode of dyir enia, etc. It means the ation which caused deal	diseose,			
	ANTE	ECEDENT CAUSES	(B)	00000000000000000000000000000000000000		
	DISEASES OR C	CONDITIONS, il ony,	giving			
	rise to the all	bove couse (A) slot		200000000000000000000000000000000000000		
ATION	I O IIIE DEATI	NT CONDITIONS CONT H BUT NOT RELATED IDITION CAUSING IT.				
CERTIFIC	19A. DATE OF OPE	RATION 198. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	NO NO	O) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
	OR CONTRIBUTING	AS UNDERLYING CAUSE OF	218 PLACE OF INJURY (e.g., hame, faim, factory, street, etc.)	in a about 21C. WHERE DID Inflice bldg., INJURY OCCUR?	(If in Baltimo	re City, give exact lacotion)
ICAL	DEATH (Hully lited		home		vision Str	rest
MEDI	OF INJURY	inth) (Doy) (Year) (He		21F. HOW DID INJ	IURY OCCUR?	
<	(APPROX)	n. 30, 1966	While At Wark Not Whi At Wark	Pt. was	shoveling	snow.
	22. 1 certify that	(1) (this hospital) att	ended the deceosed from		19to	19
	that (1) (we) lost	sow the deceased of	ive on	19ond th	not in (my) (our) op	inion death occurred on the date
	ond hour ond fro	m the couses stoted o	bove. (1) (We) (did) (did not)	view the body ofter deoth.		
1	23A. SIGNATURE	44.				23 B. DATE SIGNED
	1/1/	Cleary &	husen M.D. Att	rending Med. Director	Staff Phys.	January 30, 1966
	23C. PHYSICIAN'S NAME (Type)	Dn 1626	Tolonoon	23D. ADDRESS	CL	

24A. BURIAL CREMATION, 24B. REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY

(City, town, or county)

6 Balto. Noth. Com.
258. NAME OF REGISTRAR 25C.

ADDRESS

25C. FUNERAL DIRECTOR
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Maried Helis yes were marrowshiped Rules 1255 ... Buret 18 Tette Hill Par

				Y HEALTH DEPARTMENT	66	01060
	H NO.	66 0106	CERTIFICA	ATE OF DEATH	Kegistered Nd.	01060
(Тур		ERNARD	WAKE	Sevmor) 1.2	8 66	1.05 a. I
F	HOSPITAL OR oddre:	in hospital or institutions or location)		A. STATE B. COUNT Maryla C. CITY OR TOWN III outs B. Alling	ide city limits, write RUI	-07
0	Luthe	ran H	ayı.	D. STREET ADDRESS (If re	urol, give locotion) Sher SI	•
• S	EX 6. RACE	WIDO	ED, NEVER MARRIED WED, DIVORCED (specify)	10/22/22	ost birthdoy) 42 4	If Under 1 Yr. If Under 24 Hr. Nonths Doys Hours Min.
	. USUAL OCCUPATION (Giv a during most of working life, ev		OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY? U. S. M.
3. [Ma ten	L. Wa	ke	14. MOTHERS MAIDEN NAM	Lixeoln	
	Wor Deceased Ever in U. S i, no or unknown) (If yes, give	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	TIB. DISEASE OF CON		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEADING 1 (This does not meen th	O DEATH mode of dying, e	(A) .g., DUE TO	Sub-arachna h hyperten	d	
	heart failure, asthenia, et injury or complication wh	nich coused deoth.)	se,	Lungation	emohage	
	DISEASES OR CONDIT	TIONS, if ony, giv	ing	V		
ATION	OTHER SIGNIFICANT COI TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO				L (g)
ERTIFIC,	19A. DATE OF OPERATION	WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFTING CAUS	ES OF DEATH?
CAL C	21 A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical exa	DERLYING USE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
MEDI	21 D. TIME (Month) (I OF INJURY (APPROX.)	Doy) (Year) (Hour)	21E, INJURY OCCURRED While A1 Not Wh Work At Work	21 F. HOW DID INJU	JRY OCCUR?	
	that (I) (we) last saw t	he deceased alive o		19and tha	966 ta land	2 8 19 6 C
7	23A. SIGNATURE	albou	lef M.D. At		Stoff Phys.	1. 2 8 . 6 C
	PAME (Type) Fa	dhil A	bbous1/ M.D.	23D. ADDRESS Luther	car Haen	
24A	REMOVAL (Specify)	18. DATE 240 2-2-66	Be Ho No To	REMATORY 24D. LO	HIMOID	town, or county) (Stote)
25A	DATE REC'D BY HEALTH	DEPT. 258. NAM	NE OF REGISTRAR	25C. FUNERAL DIRECTOR	16 1818	ADDRESS CF
	FEB Z 1088	100 400		The Tier of	1070	11. Capter H

PER NERO CONTRACTOR DE 15 EST It's reform where is the morney of R. Chiman L. married 10/22/22 42 7 Substractions resident months 2. 1. 1 1 1 12 1 12 1 E allering Ludercar Hoeps Fadhal Abber 81 But I was But the till the Think the war the

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1-29-66

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

Mt. Auburn

			BALTIMORE CIT	Y HEALTH DEPARTMENT		00 01 00	
BIRTH NO.		04	CERTIFICA	ATE OF DEATH	Registered No.	36_0106	
M.E. CASE NO.	GG 010	b.L.			D HOUR OF DEATH		
(Type or Print)	laggie Make	٦.					
	H IN BALTIMORE MA			J & USUAL RESIDENCE (Whe	n.26, 196	O	a hefare admiss
. FEACE OF DEAT	IN BALINVIORE, IVIA	RILAND		A. STATE B. COUN	ITY		, before domassi
FULL NAME OF	(If not in haspital	or instilution, give	street	502 W. La		Md.	
HOSPITAL OR	address or lacotion	1)		C. CITY OR TOWN (If au	tside city limits, write	RURAL and give to	awnship)
P				Baltimore		1 -	1
502	W. Laurer	s Stree	t	D. STREET ADDRESS	rural, give lacation)		
				502 W. Lau	rens St.		
SEX 6	RACE	7. MARRIED, NE		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. Manths: Days	, If Under 24 h
female	Negro	Widowed, to	DIVORCED (specify)		Tast birthday)	Manms Days	Haurs Min
				Aug. 22, 7	0 /	12. CITIZEN OF	
	rking life, even if retired)				,	WHAT CO	UNTRY?
				Md.		U.S. A	•
3. FATHER'S NAME				14. MOTHER'S MAIDEN NA			
	James Fo	rpes		Sarah Wa	aters		
	ver in U. S. Armed Far		SOCIAL	17. INFORMANT		ADDR	ESS
(es, na ar unknawn)	f yes, give war at date	s of service)	SECURITY NO.				
				Elsie Brewe	er 2126 E	tting St	AL BETWEEN
rise to the	CONDITIONS, if obove cause (A) CONDITION lost,		(c) <i>Ge</i>	commany Av	erio & lesos	15 200	yks +
E TO THE DEA	CANT CONDITIONS CATH BUT NOT RELATION CAUSING I	TED TO THE					
19A. DATE OF C	PERATION 198. CON WAS PER	DITION FOR WH	ICH OPERATION	20 A. AUTOPSY? (Yes ar No	IN CERTIFYING CA	FINDINGS CONSI	DERED ?
21 A. ACCIDENT OR CONTRIBUTE DEATH (notily or	WAS UNDERLYING ONG CAUSE OF	21 B. PL hame, etc.)	ACE OF INJURY (e.g., farm, factory, street,	in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?	(II in Baltima	re City, give exact	(lacation)
W OF INTITION	Manth) (Day) (Year)	(Haur) 21E IN	JURY OCCURRED	21 F. HOW DID INJ	JURY OCCUR?		
€ (APPROX.)		While Wark	At War At War				
	(1) (.1)				10/2	1-0	
	hat (I) (t his hospital ost sow the decease			19.66 ond th	19 6 3 ta not In(my) (vor) op	inion death occi	urred on the
				view the body ofter death.			
23A. SIGNATURE	1	1 -	0	7		23 B. DATE SIGN	IED
he	Ku J. Cl.	11100	M.D. A	ttending Med.	Staff	1-7	8-66
200 1	in the same	meer	PI	Town	Phys.		
23C. PHYSICIAN NAME (Typ	e) , /			23D. ADDRESS 103	8 Edmon	udson A	ere 3
-	John Ti	Chisse	M.D	Bul	temore 1	uu 212	125
24A. BURIAL CREM REMOVAL (Sp.		24C.NAM	E of CEMETERY of C	REMATORY 24D. L	OCATION (C	City, tawn, ar caunt	ty) (Stat
Buri		56 N	t. Auburn		Baltimore	Managar	a
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Baltimore, Maryland

25C. FUNERAL DIRECTOR

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66 01062		ALTIMORE CITY HEAL	TH DEPARTMENT		6	6 01062
BIRTH NO.	MEDICAL EX	AMINER'S CE	RTIFICATE	OF DEAT	H Register	ed No.
M.E. CASE NO.						
1. NAME OF DECEASED			2.	DATE AND HOUR		
(Type or Print)	larry Pe	rkins		1/	28/66	12:55 a.
3. PLACE IN BALTIMORE, MARYL	AND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDEN	CE(Where deceased	lived. If instit	ution: residence before admission)
			A. STATE	Maryland	B. COU	1TY
FULL NAME OF (IF NOT IN ADDRESS OF	HOSPITAL OR INSTITU	TION, GIVE STREET			limits, write	RURAL and give township)
INSTITUTION	ok Location,					5-77
1			347	altimore		000
0				(If rurol, give loco		
Luthera	n Hospital		1	627 McKean	Ave.	
5. SEX 6. RACE	WIDO WED, I	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AG	E (In years irthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
male colore	ed Mar	ried	Oct. 1.	1899	66	
IOA. USUAL OCCUPATION (Give ki	ind of work 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (SIO	te or foreign country)		12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even	if retired)		37.0		17	
13. FATHER'S NAME			14. MOTHER'S MAIL	EN NAME	V	U.S.A.
15. WAS DECEASED EVER IN U.S. (Yes, no orunknown) (If yes, give we		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
Yes World		217-05-5937	Jennie 1	Parking	1627 N	AcKean Ave.
18. / // 6	11 042 35			OLALIID	1021 1	
145,01		CAUSE	OF DEATH			ONSET AND DEATH
DISEASE OR CONDI						
LEADING TO		Carcin	oma of tons	il and pul	monary	emphysema
(This does not mean the heart failure, asthenia, etc.	mode of dying, e.g., It means the disease,	DUE TO				
injury or complication which	coused deoth.)					
ANTECENDENT	CALISES					
DISEASES OR CONDITIO		(B).		*****************	****	
RISE TO THE ABOVE CAU	SE (A) STATING THE	DOI: 10				
UNDERLYING CONDITIO	N LAST.	(C)				
6		(0)				
OTHER SIGNIFICANT CON	DITIONS CONTRIBUTION	ıc				EXPLICATION OF THE PARTY OF THE
O THE DEATH BUT	NOT RELATED TO T		irrhosis of	liver		
는 DISEASE OR CONDITION						
19A. DATE OF OPERATION	198, CONDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Y			IDINGS CONSIDERED ES OF DEATH?
0	WAS TENTORIVIED		no	III CEKIII	TING CAUS	IS OF BLAIN:
21 A. EXTERNAL CAUSE WAS	21 8.	PLACE OF INJURY (e.g., form, foctory, street, o	in or about 21C. WHI	RE DID (If in Boltin	more City, giv	e exact location)
O UNDERLYING OR CONTRIB-	home etc.)	, form, foctory, street, o	thice bidg. INJURY O	CCUR?		
7				The later was the		
OF INJURY (Month) (Do	y) (Year) (Hour) 2	IE. INJURY OCCURRED	21 F. HOW	DID INJURY OCCL	JR?	
(APPROX.)		VHILE AT NOT YORK AT W	ORK			
22.	m.įv		OKK D			
I certify that I held	d on Inquiry	Inspection X Aut	apsy ond t	not on this bosis,	deoth in m	y opinion
resulted from: Na	tural causes X	ccident Suicide	Homicide	Undeterm	Ined monne	r 🔲
		7	CHIEF MED	ICAL EXAMINER		
ACTUAL 140	200 h	5/-1-	The state of the s			DATE SIGNED
SIGNATURE	non II Colta	M.D.	ASSISTANT MED			1/00/66
EXAMINER'S Wer	ner o. Spitz	, M.D.	ASSOCIATE MED	ICAL EXAMINE	R	1/28/66
NAME (Type)				100 50 4 5		
23A, BURIAL CREMATION, 23B. REMOVAL (Specify)	DATE 23	C. NAME of CEMETERY o	CREMATORY	23D. LOCATION		town, or county) (State)
Burial 2	2-2-66	Balto. Nati	ional Cem.	Balti	more.	Maryland
24A, DATE REC'D BY HEALTH D	EPT. 248 NAME	OF REGISTRAR	24C. FUNERAL		-	ADDRESS
	A = (1)	7 13	1	1/ 1/1	/	. 166
EED & 1966	Calmer E.	taldey Mill	Men	2 A lile	1349	N Callin St
VS 151-REV. 1/1/65	1 7		117	6		1

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VS 150-REV. 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

	00	01	000
Registered	NOD_	U	TIDD

M.E. CASE NO	DECEASED			AND HOUR OF DEATH	
(Type or Print)	Alice Carte			nuary 28, 19	
CFR	DEATH IN BALTIMORE MARYL	AMENDED	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If i	institution: residence before odmission
FULL NAM		SHIP BELIEFT	Maryland		600
INSTITUTION		3-4-66	Baltimore	outside city limits, write	RURAE and give township)
9	1514 Division			(If rurol, give location)	
/	Baltimore, Ma	ryland	1420 W. La:	fayette Aver	nue
5, SEX		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 895	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Female	Negro	Widowed KIND OF BUSINESS OF INDUSTR	Oct 2 25, 8/5	70	12, CITIZEN OF
ione duesta mos	of working life, eyen if retired))ED	Virginia	oreign country)	WHAT COUNTRY?
13. FATHER'S	NAME		Mary	IAME	
(Yes, no or unkno	sed Ever in U. S. Armed Forces?	service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18. //		CAUSE	Annie Mite	hell 2811	Mulberry St
1 27 25 3 6	EASE OR CONDITION DIRECT		OF DEATH	_	INTERVAL BETWEEN ONSET AND DEATH
	s not mean the mode of dy tre, osthenia, etc. It means the			1 50	
	complication which coused dec		Manay de	of she las	1
	ANTECEDENT CAUSES	DUE TO	J'en con cure	9000	
	OR CONDITIONS, if ony the obove couse (A) sto				
	ING CONDITION last.	- 4			
E TO THE	GNIFICANT CONDITIONS CON DEATH BUT NOT RELATED OR CONDITION CAUSING IT.	TRIBUTING TO THE			
	OF OPERATION 198. CONDITI		20 A. AUTOPSY? (Yes or		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTI	DENT WAS UNDERLYING RIBUTING CAUSE OF Drify medical examiner	218. PLACE: OF INJURY (e.g., home, form, loctory, steet, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimo	re City, give exact location)
OF INTHE		lour 21 E. INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?	
(A PPROX.)	EFFT.	White At Not Wh			
22. I cert	ify that (1) (this haspital) at	ttended the deceased fram J	anuary 8,	1966 to Ja	nuary 28, 1966
that (I) (v	we) last saw the deceased a	live on January 28	19.66 and	that in (my) (aur) ap	Inian death accurred an the da
		abave. (1) (We) (did) (did nat)	view the bady after deat	h.	
23A. \$IGN	CY ALX		C		23B. DATE SIGNED
-0		do M.D. AI	tending Med. ys. Director	Stoff Phys.	January 29, 196
23C. PHYST NAM	cians E(Type) Roger Theodor	е 7	23D. ADDRESS 1514 Divisi	on Street	,1-4-5
24A. BURIAL C	REMATION, 24B. DATE	24C. NAME of CEMETERY OF CI			City, town, or county) (State)
Buris		Mt. Aubur	n Cem.	Baltimore	, Maryland
		NAME OF REGISTRAR			
EEB	2 1966 () 月 5	S. Joylow H.M.	Slerge A.	ple 13481	Mellon St

Baptismal Certificate . 3-4-66

John Florer State

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and death was in regular attendance on the prior to was D.O.A. at a hospital (except where the physician who pronounced death was in regular at deceased prior deceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

Such

death.

		0.4	BALTIMORE CITY	Y HEALTH DEPARTM	MENT	-	00 0100	1
BIRTH NO,	66 010	04	CERTIFICA	TE OF DEA	TH F	Registered No.	36 01064	
M.E. CASE NO.	SED			2 0	DATE AND H	OUR OF DEATH		
(Type or Print)	Harr	y McDo	onald			27, 196		10:55 AM
3. PLACE OF DEATH	H IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	CE (Where de		institution; residence t	
				Maryland	B. COUNTY	1	1-01	
HOSPITAL OR	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)					situ limite viite	RURAL and give tow	unable)
INSTITUTION	Providen	t Hos	pital	Baltimor		city lillins, write	NORAL ONG GIVE ION	/itship/
14	1514 Div	ision	Street	D. STREET ADDRESS		give location)		
/	Daltimor	e, Ma:	ryland	2020 26				
5. SEX 6.	RACE		D, NEVER MARRIED	B. DATE OF BIRTH		GE (In years	If Under 1 Ye	If Unday 24 Has
		WIDOW	/ED, DIVORCED (specify)		lost	birthdoy)	If Under 1 Yr. Months Doys H	louis Min.
Male ISUAL OCCUP	Ne ro	Mar:	ried Of Business or Industry	4-14-04		O.L.	12. CITIZEN OF	1
	rking life, even it retired)		or bosiness or in bosine			outiny)	WHAT COUN	NTRY?
Truck Dri				South Ca			U.S.A.	
13. FATHER'S NAME				14. MOTHERS MAIL	DEN NAME			
William	McDonald			Anne	Wells			
15. Was Deceased Ex	ver in U. S. Armed Fore f yes, give wor or dote	ces?	1 6. SOCIAL	17. INFORMANT	MOTTE		ADDRES	S
(1es, no or unknown) (1	t yes, give wat or date	s of service	215-03-2243	Mable M	cDonal	d 1217	Mosher S	t.
18. 16.2	XI		CAUSE C	F DEATH				L BETWEEN
	OR CONDITION DIR	ECTLY						NO DEATH
	ADING TO DEATH		(A) Car	cinoma of t	he rig	ht lung.		
	meon the mode of sthenio, etc. It meons		g., DUE TO					
	icolion which coused							
AN	ITECEDENT CAUSES		(B)					
	CONDITIONS, if		ng	0				
	obove couse (A) CONDITION lost,	sloling I	1e (C)					
ON DENEMINO								
Z OTHER SIGNIFIC	II CANT CONDITIONS C	ONTRIBUTI	NG					
E TO THE DEA	ATH BUT NOT RELA	TED TO	THE					
19A. DATE OF O		DITION FOI	R WHICH OPERATION	20 A. AUTOPSY? (Y	es or No. 20 IN	B. IF YES, WERE CERTIFYING CA	FINDINGS CONSIDI	ERED
U 21 A. A CCIDENT	WAS UNDERLYING	1 2	1B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE	F DID	(If in Boltima	re City, give exact to	cotion)
OR CONTRIBUTE	NG CAUSE OF	' h	ome, lorm, loctory, street, o	Ifice bldg., INJURY OC	CUR?		to only, give exocite	
0 21 D. TIME (/	Month) (Doy) (Year)	(Hour) 2	1E. INJURY OCCURRED	21 F. HOW	DID INJURY	OCCUR?		
S OF INJURY			While At Not While Nork At Work	le 🗌				
22. I certify th	nat (1) (this hospital) attended	the deceased from J	anuary 5.	19 6	6 . Jani	uary 27.	19 66
1 1			January 27,					
						(my/ (doi/ dp	Annan death accom	red dil lile date
23A. SIGNATURE		Bo abave.	(I) (We) (did) (did not)	view the bady after	death.		23 B. DATE SIGNED	
23.43.014.016	10/8/20	sid -	M.D. Alt	ending Med.	Stoff Phys	. 🖫	January	
23C, PHYSICIAN		UMO		23D. ADDRESS	·, »		January	27, 1700
NAME (Type		Theo	Tore M.D.	1514 Divis	eion St	reat		
24A. BURIAL CREMA	Dr. Roger		NAME OF CEMETERY OF CR		24D. LOCA		City, town, or county)	(Stote)
REMOVAL (Spe	ecify)							(31016)
Buria			Arbutus Cem.			imorem,	Maryland	
2SA. DATE REC'D B'	Y HEALTH DEPT.	2SB. NAMI	E OF REGISTRAR	2SC. FUNERAL D	IRECTOR Z	1 . 1-	1 0 MADDI	RESS

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FUNERAL DIRECTOR: IMPORTANT	the hospital by a medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death ny nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased except where the physician who pronounced death was in regular attendance on the and (6) No physician was in regular attendance on the deceased prior to death. Such and before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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66 01065	BALTIMORE CITY	HEALTH DEPARTMENT		66 01065
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No	00 01(100)
M.E. CASE NO.	CERTIFICA			
1. NAME OF DECEASED (Type or Print) Margaret Horr	is		uary 30, 19	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	10	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission)
FULL NAME OF (If not in hospital or institution	, give street	A. STATE B. COL	UNTY	16-03
HOSPITAL OR oddress or location)	3+a]		outside city limits, write	e RURAL and give township)
Provident Hosp		Baltimore D. STREET ADDRESS	(If rural, give location)	
1514 Division Baltimore, Mar		1715 Mosher		
5. SEX 6. RACE 7. MARRIE	D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost bighday)	If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
Fomula 10 no	downed	12-3-86	79	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND of done during most of working life, even if retired)		11. BIRTHPLACE (State or to	preign country)	12. CITIZEN OF WHAT COUNTRY?
12 - FLORE NAME		Unknown		U.S.A.
13. FATHERS NAME		14. MOTHER'S MAIDEN N	IAME	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	216-12-5338	Jaseph M	orris 11	N'W. Mosher St.
18.260X	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		12 V 4	2	
(This does not mean the mode of dying, e.g.	(A)		<u>/</u>	
heart failure, asthenia, etc. It means the diseas		10	1//	MA.
ANTECEDENT CAUSES	(B)	- Labete	1 Hell	eles
	DUE TO	minimum and a series of a series of the series when the series of the series of	70	
DISEASES OR CONDITIONS, if any, givin rise to the obove couse (A) stating the UNDERLYING CONDITION lost.		***************************************		
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
DISEASE OR CONDITION CAUSING IT.	WHICH OPERATION	20 A. AUTOPSY? (Yes or	Nol 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 2		No	IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., iome, lorm, foctory, street, o	n or about 21C. WHERE DID flice bldg., INJURY OCCUR?	(I(in Boltim	ore City, give exact location)
O 21D. TIME (Month) (Doy) (Year) (Hour) 2	E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
OF INJURY (APPROX.)	Vhile At Not White Nork Nork Nork			
			1066 Jan	nuary 30, 1966
22. I certify that (I) (this hospital) attended		4 4		
that (1) (we) lost sow the deceased alive an				plnion death accurred on the dote
ond haur and from the causes stated above.	(I) (We) (dId) (did not)	view the body ofter deat	h•	
23A. SIGNATURE	1		6. 11 —	23B. DATE SIGNED
Ar Statth a	M.D. Att	ending Med. Director	Stoff Phys.	January 30, 1966
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS		
Dr. G. St.Ph	nard M.D.	1514 Divisio	n Street	
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY of CR			(City, town, or county) (State)
REMOVAL (Specify)	1/1/11	Dr.	11.1.1.	md.
25A, DATE REC'D BY HEALTH DEPT. 25B, NAMI	OF REGISTRAR	25C. FUNERAL DIRECT	Ell harder 5 9	ADDRESS
EEB 2 1966 @ 0 4 8 3	0	He	1 11 1	300 1 616 51
VS 150-REV, 1/1/65	THE CONTRACTOR	KAGEST OF	1	ion. carn
	400		1 4	

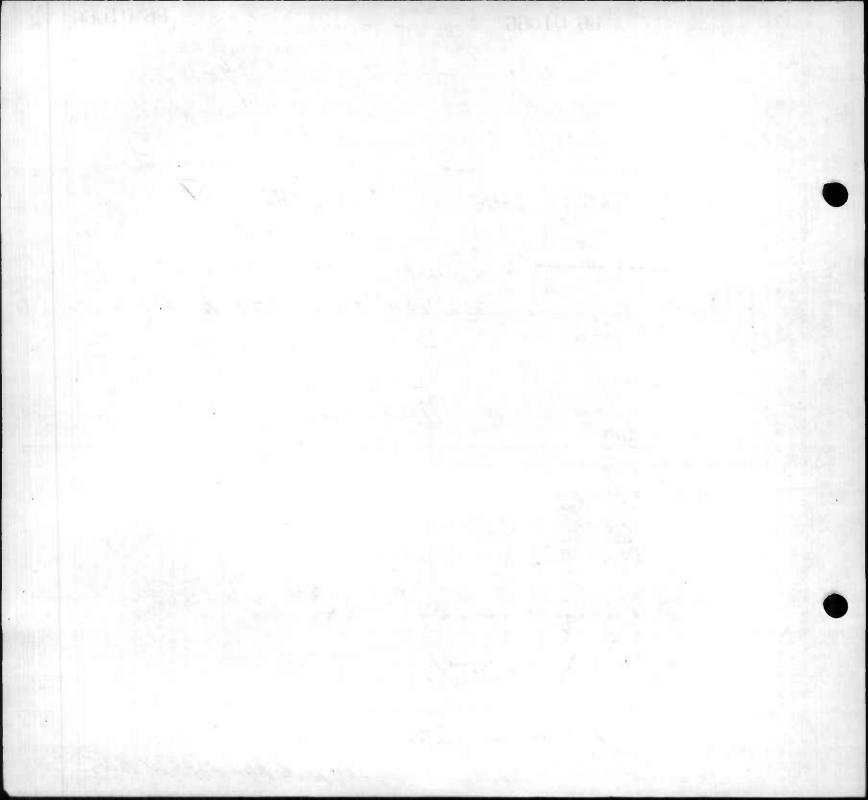
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0	121			00	04.500	BALTIMORE CI	TY HEALTH DEPARTMENT		66 01066
10	٥٠٥٠.		H NO.	66	01066	CERTIFIC	ATE OF DEATH	Registered Na.	00 01000
	l and death eased n the Such	1. N	AME OF DECEA	SED	/		2, DATE	AND HOUR OF DEATH	21
	de de	(Тур	e or Print)	OUKS	John	/	1/2	29/66	1150
		3. P	LACE OF DEATH	IN BALTIMORE	MARYLAND		4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If	institution: residence before
	hosi ise (5) and ded		ULL NAME OF IOSPITAL OR NSTITUTION	address or la			c. city of town (III	autside city limits, write	RURAL (nd give township)
	- 37. /	5 4	1010/11	Nursin	ng Itor	ne	Baltim	ore	
	0	7	incoln	271.	Carey :	st.	D. STREET ADDRESS	(If rural, give location) ressimon	St
	F 3 0 0 0	5. S	EX 6.	RACE		NED, NEVER MARRIED	B. DATE OF BIRTH 1849	9. AGE (In years)	If Under 1 Yr. If Und Manths Days Hours
						O BUSINESS OR INDUST	RY 11. BIRTHPLACE (State A	areign country)	12. CITIZEN OF WHAT COUNTRY?
	death F or c Undet as in e dec		during most of wor	king life, even if rel	hred)		mary la	rnd	VSF
_	# (4)	13.	FATHER'S NAME	TEnou	UN J	chy Rocks	14. MOTHER'S MAIDEN	nowal /	May We
IMPORTAN	ind; ind; eath	15. Yes	Was Deceased Ev, na ar unknown) (II	yes, give war a	d Farces? r dates of servi	16. SOCIAL SECURITY NO.	17. INFORMANT	0 / 1	ADDRESS
F	find a k	[10 Know	IN,		577-03-43	11 Joseph 0	attick	STAPPEIS VA
0	his as fany nced enda d or		IB. DISEASE	OR CONDITION	DIRECTLY	CAUSE	OF DEATH	1001	ONSET AND D
2	_ = 0 U = 5			ADING TO DE			CINOK	THE T	
			heart failure, as	meon the mod thenia, etc. It m	neons the dise		10000	1218h	
DIRECTOR:	miner. fractu o pro gular emba			cation which co		0	secol i	0.200	
2	A P P P P P P P P P P P P P P P P P P P			CONDITIONS,			fosface	210	(
2	al ex (3) an in			obove cause CONDITION los		lhe (C)	6111	7	
٥	medical edical burns; hysician n was	z	OTHER SIGNIE	II	NE CONTRIBI	TING	1111	1	
RA	medica medica burns physici an was	ATION	TO THE DEA	TH BUT NOT	RELATED TO	THE			
FUNERA	chie Body the ysici	RTIFIC	19A. DATE OF O	PERATION 198.	CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
3	y the ital by e; (2) where No ph	CAL CE	21A. ACCIDENT OR CONTRIBUTI DEATH (natify m	NG CAUSE O	NG 🗍	21B. PLACE OF INJURY (e.g hame, farm, factory, street, etc.)	, in ar about 21C. WHERE DIE affice bldg., INJURY OCCUR	(If in Baltima	ore City, give exact lacotion
	4 6 5 5 B		OF INJURY	Manth) (Day) (Year) (Haur)	21 E. INJURY OCCURRED While AI Not X		INJURY OCCUR?	
	he hos ny natu xcept and (6)		(APPROX)			Work Al Wo		(10	GAL OR
	07 - 0 0 0	11				ed the deceased from	116	19 4 to 10	1000
	하수 하는 근 역		that (I) (we) Io				6		olnian death accurred a
	ust be dent ospit deat must		23A, SIGNATURE	1/2 - 0/	stared abav	e/ 11) (we) (did) (gid not) view the body after deat	'h.	23B. DATE SIGNED
	ho d			111	10		Attending Med. Phys. Director	Staff Phys.	and write didition
	0 - 0 - 0 >		23C. PHYSICIAN NAME (Type	S e)	XX	A A A A	23D. ADDRESS		
	certificate sody was r rs: (1) An a D.O.A. at ased prior				1/	M.			
	certification of the control of the	244	REMOVAL (Spe	ecify?		C. NAME of CEMETERY OF	/ / /		City, town, or caunty)
	body ws: (I D.O based		BUVIGI	1-50	1-66	New. Cathed	eval Con.	KE HO L	20

FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact lacotion) plnian death accurred an the date 23B. DATE SIGNED City, town, or county) VS 150-REV. 1/1/65

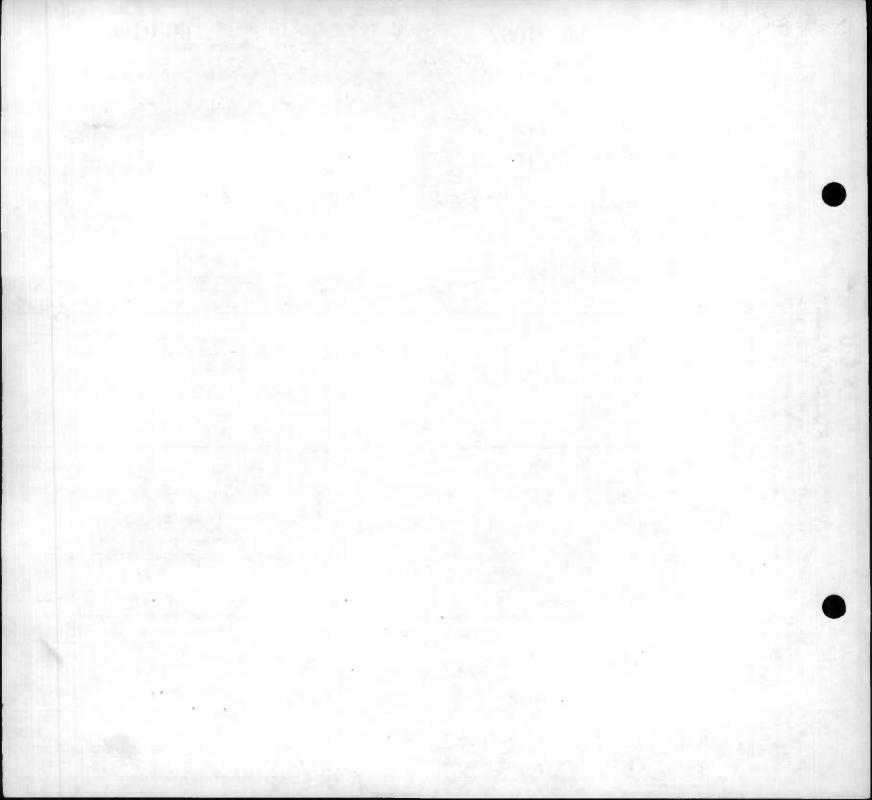
If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.

INTERVAL BETWEEN ONSET AND DEATH



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

			BALTIMORE CIT	TY HEALTH	DEPARTMENT	1		
BIRTH NO.	00 01	ory	CERTIFICA	ATE OF	DEATH	Registered N	E HINE	217
M.E. CASE NO.	00 UI	TO /	OLK THE TO	112 01		O	OUTH) /
1, NAME OF DI (Type or Print)	BARBARA	B. K	OCH		JAN	31 /	9661	8.30 A M.
3. PLACE OF D	EATH IN BALTIMORE, MARYL	AND		A. STATE	RESIDENCE (Whe	re deceased lived. I ITY	finstitution: resid	dence before admission)
FULL NAME HOSPITAL O	R oddress or tocation)			C, CITY	RYLAIYA OR TOWN (IF OU	D Iside city limits, wri	te RURAL ond o	ive township)
INSTITUTION	HOOD COM		CENT HO	D. STREET	LTIMOR	rurol, give focotion)	5	3-00
	313 EDMONDS		IVE	550	DOEDMO	DIVDSON	AVE	-
5. SEX	6. RACE 7.		EVER MARRIED DIVORCED (specify)	6 -/	1-1880	9. AGE (In years lost birthday)	Months Do	Yr. If Under 24 Hrs. bys Hours Min.
	CUPATION (Give kind of work 19)	KIND OF B	USINESS OR INDUST	RY 11. BIRTHE	LACE (State or fore	gn country)	12. CITIZEN	OF COUNTRY?
HOUSE	EWIFE			MA	RYLANI	D	1/3	SA
13. FATHER'S N	AME			14. MOTH	ER'S MAIDEN NA	ME		-//
INHIV	RAIDIMAN	1						
15. Was Deceas	ed Ever in U. S. Armed Forces	? 1	6. SOCIAL	17. INFOR	MANT		A	DDRESS
NO	wn) (If yes, give war ar dates a	service/	SECURITY NO.	Fhus	DON H V	OCH 5500	ENMAN	IDSON DITE
1B. 110	2 /		CAUSE	OF DEATH	NO IN	UCH VOUC		TERVAL BETWEEN
DISE	ASE OR CONDITION DIREC	TLY					10	SET AND DEATH
	LEADING TO DEATH		(A)Arte	rioscle	rotic Car	dio-Vascul	ar unl	known
	nat mean the made of dy e, asthenia, etc. If means the		DUE TO			Disease		
injury ar c	amplication which caused de	ath.)	- Con	oroliza	d Arterio	ralamasis	2227	known
	ANTECEDENT CAUSES		DUE TO	01.91.145	u ar cor 10	POTOLOGIA	UUU	2.HQ WIL
	OR CONDITIONS, if any the above cause (A) sli		(6)					
	NG CONDITION last.	oming me	(C)					******************************
OTHER SIG	II SNIFICANT CONDITIONS CONDEATH BUT NOT RELATE	TRIBUTING THE						
	OF OPERATION 198. CONDIT	ION FOR WH	ICH OPERATION	120 A. A	UTOPSY? (Yes or No	20B. IF YES, WE	DE EINDINGS CO	ONSIDERED
RATIE	WAS PERFOR		ICH OFERATION	207.2	NO	IN CERTIFYING	CAUSES OF DEA	ATH?
OR CONTR	DENT WAS UNDERLYING DIBUTING CAUSE OF Chify medical examiner	21 B. PL home, etc.)	ACE OF INJURY (e.g. form, foctory, street,	office bldg.,	NJURY OCCUR?	(If in Boltin	more City, give e	(xoct location)
□ 21 D. TIME	(Month) (Doy) (Year) (Hour) 21 E, 11	JURY OCCURRED	- 2	IF. HOW DID INJ	URY OCCUR?		
S OF INJURY		While	At Wo					
22 1 - 201	fy that (I) (Missing Charles) a			Feb.		19 <u>54</u> to	Jan.	19 66
	I lost sow the deceased							
						of In(my) (Jazze)	opinian aeoin	occurred on the dote
23A. SIGNA	and from the causes stated	obove. (I)	went (qiq) (quayaleti)	view the b	ody ofter death.		23B. DATE :	SIGNED
23A. 3IGNA	3/11	la	M.D. A	ttending K	Med.	Stoff	2/1/6	
23C PHYSIC	TUT.	110	ore P	hys. Z	Director L	Phy s.	1 , ,	5
23C. PHYSIC	Leo J. Gar	ver	M.I		1 Mal.	low Hill A	ve.,	
DAA BURIAL C						more, Md.	ići.	15
24A. BURIAL C	REMATION, 24B. DATE	24C, NAN	NE of CEMETERY OF C	REMATORY	240. [OCATION	(City, town, or c	county) (Stote)
BURIA	6 2-4-196	6400	DON YARI	Y CEN	1. 13+	LTO.		14/1
25A. DATE REC	1	B. NAME OF	REGISTRAR	25C. F	UNERAL DIRECTOR	UNERAL	HOME	ADDRESS
FEB &	1966 (2.2.4)	4,700		53	HI EDMON	DSON AL	E	
VS 150-REV. 1/	1/65	0,	4	1	0 0			



3

Autorology bearing 1 Drie PREVINCELIA JOHNS HOPKINS HOST

BIRTH NO. CERTIFICATE OF DEATH of death Deceased M.E. CASE NO. Such 2. DATE AND HOUR OF DEATH (Type or Print) E O Mary L. Singhass January 26, 1966 M

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) hospital death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance cause; (5) cause (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR Maryland oddress or tocation) INSTITUTION attend Baltimore 28 prior D. STREET ADDRESS contributing Mercy Villa occurred 710 Woodsdale Road Undetermined regular BOE 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years eceased WIDOWED, DIVORCED (specify) lost birthdoy) Female White Widowed Sept. 17, 1883 87 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY isposition done during most of working life, even if retired) = O Limeton, Virginia At. Home Was 13. FATHER'S NAME 4 John Grant Sarah Updike eath UO kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT 6. SOCIAL final SECURITY NO. ance No None Stanley J. Singhass-3505 Rhom Rd. any CAUSE OF DEATH 0 attend Also, DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., prond hearl failure, asthenia, etc. It means the disease, examiner. regular injury or complication which coused death,) ANTECEDENT CAUSES 0 DUE TO are DISEASES OR CONDITIONS, if ony, 3 rise to the obove couse (A) stoling the physician UNDERLYING CONDITION lost. the chief medical remains Was burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 0 WAS PERFORMED before to the hospital by 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? ere 3 °N MEDICAL DEATH (notify medical examiner) etc.) nature; ¥¥ obtained 21 D. TIME (Month) (Doy) (Year) 21E, INJURY OCCURRED (Hour) 21F. HOW DID INJURY OCCUR? 9 (except ; and (6) OF INJURY While At Not While (APPROX.) Work A! Work any 22. I certify that (I) (this haspital) attended the deceased fram...... 19 66 that (1) (waspiast saw the deceased alive on... of eath) hospital and have and from the causes stated above. (1) (We) (dtd) (did not) view the bady after death. the body was released accident 23A. SIGNATURE 0 M.D. Attending Phys. Med. Stoff 10 Director _ approval 8 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) shows: (1) An D.O.A. 24A. BURIAL CREMATION, 24B. DATE eceased 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION Loudon Park Cemetery

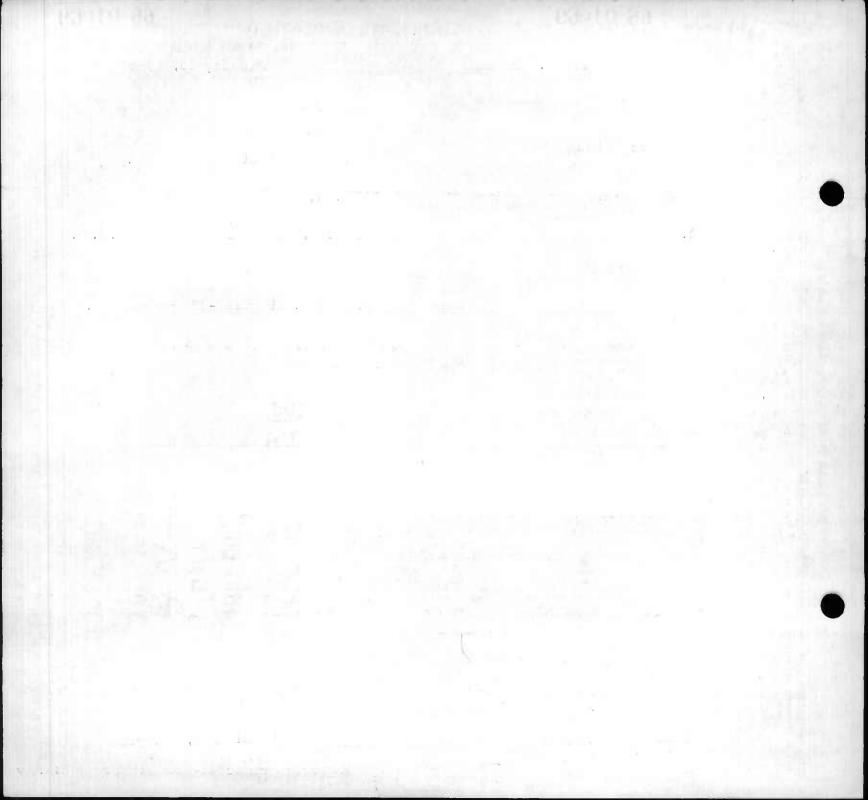
25C. FUNERAL DIRECTOR

25C. FUNERAL DIRECTOR Burial 1/29/66 Baltimore, Maryland Was 25B. NAME OF REGISTRAR Ellsworth Armacost-4600 Liberty Hghts. Ave VS 150-REV. 1/1/65

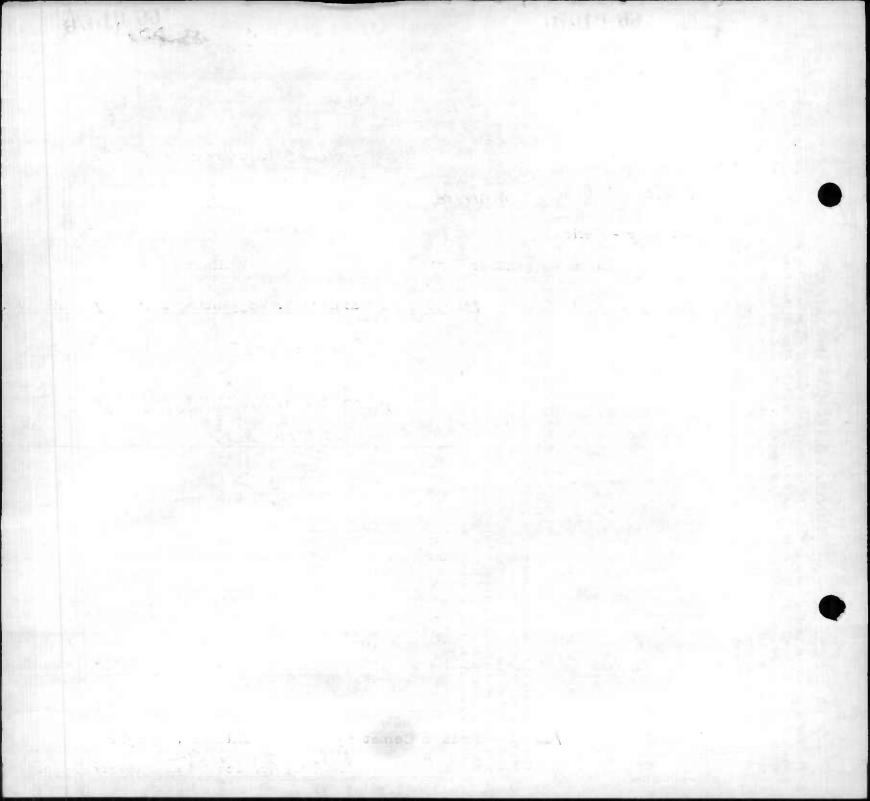
66 01069

BALTIMORE CITY HEALTH DEPARTMENT

Registered Na. (If outside city limits, write RURAL and give township) If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours : 12. CITIZEN OF WHAT COUNTRY? U.S. ADDRESS INTERVAL BETWEEN ONSET AND DEATH ears 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (que) apinian death accurred an the date 23R. DATE SIGNED



00 04000	BALTIMORE CITY	HEALTH DEPARTMENT		CC 04
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	66 01070
1. NAME OF DECEASED	ienduer	2. DATE AN	D HOUR OF DEAT	1 8:03 A M
FULL NAME OF (If not in hospital or institution) FULL NAME OF (If not in hospital or institution)	D	M. STATE B. COUN	TY	institution: tesidence before odmission)
Manyland Gen	ieral		rurol, give location) wywwa	lale Ave.
5. SEX MALE 6. RACE WITTE	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH 3/22/03	9. AGE (In yeois last birthdoy)	If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min,
10A, USUAL OCCUPATION (Give kind of work 10B, KI done during most of working life, even if retired) Bartender - Retired	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME Andre Vogge:	nauer	14. MOTHER'S MAIDEN NÃA	Wallner	
15. Was Deceased Ever in U. S. Armed Faces? (Yes, no or unknown) (If yes, give wor or dates of se	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 5410 Gwynndale Av
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart laiture, asthenia, etc. It means the di injury or complication which caused deoth. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony,	e.g., DUE TO Sease, DUE TO DUE TO PUE	FDEATH ALIAC AURE LNOWN CAG	51	INTERVAL BETWEEN ONSET AND DEATH
ise to the above couse (A) station UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRITO TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	BUTING	hole (th)	19515	
		20 A. AUTOPSY? (Yes or No	208, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)	n or obout 21C, WHERE DID	(If in Boltim	ore City, give exact location
21D. TIME (Month) (Doy) (Yeol) (Hou of INJURY (APPROX.)	21 E. INJURY OCCURRED While At	21 F. HOW DID INJ	URY OCCUR?	7 199
22. I certify that (I) (this haspital) attention that (I) (we) last saw the deceased ally			19ta at in(my) (aur) a	pinlon death occurred on the date
and hour and from the causes stated about 23A. SIGNATURE ALEMAN ASSET OF THE STATE	obliner M.D. Alle	ending Med.	Stoff Phys.	23B. DATE SIGNED
REMOVAL (Specily)	24C. NAME of CEMETERY OF CRI		OCATION (City, town, or county) (State)
Burial 1/29/66 25A. DATE REC'D BY HEALTH DEPT. 25B. N	Woodlawn Cem	250 TUNERAL DIRECTOR	Hunce 101	Maryland ADDRESS Of Liberty Heights
VS 150-REV. 1/1/65	3 / 6 0 0	DITOWOTHI ALI	nacosi 400	of Liberty Heights

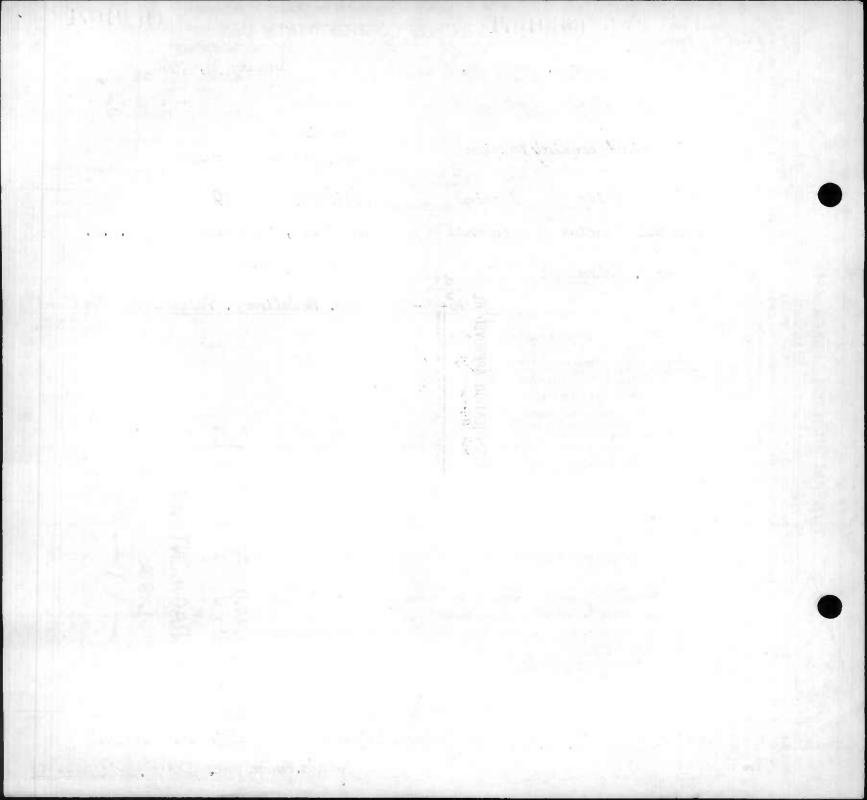


to death. Such

prior

		HEALTH DEPARTMENT	66 010'71'
BIRTH NO. 66 01	071 CERTIFICA	TE OF DEATH Registere	od No. 66 01071
M.E. CASE NO.		2. DATE AND HOUR OF	DEATH
(Type or Print) John J. F.	ahou In	January 30,	1966 1615 Am
3. PLACE OF DEATH IN BALTIMORE, MARYL	AND THE	4. USUAL RESIDENCE (Where deceased liv	ed. Il institution: residence before admission)
FULL NAME OF (If not in hospital or it	natitution area about	Maryland B. COUNTY	27-43
HOSPITAL OR oddress or locotion)	namonon, give siree		, write RURAL and give township)
/		Baltimore	
Union Memorial	Hospital	28792 Overland Aven	
5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year	ors If Under 1 Yr. If Under 24 Hrs.
Mala White	Mannied (specify)	5/11/1805 lost birthdoy!	Monms Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working life, even if retired)	Funeral	Raltimana Manuland	WHAT COUNTRY?
Funeral Director	runenac	Baltimore, Maryland	и. Э. А.
		Sarah (rehan	
15. Web Deceased Ever in U. S. Armed Forces		17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of	SECURITY NO. 216 +34-9708	Mrs. Madeline E. Fa	how 2870 1 Overland
18. 24. 2 D	210 31 1/00	F DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	<u>Ε</u> Ι Σ		ONSET AND DEATH
LEADING TO DEATH	2 JE (CO)	onem acclusion	~ 10 min
(This does not meen the mode of dy	ing, e.g. DUE TO		
hearl failure, asthenia, etc. Il means the injury or complication which coused de	oth.)	Ve. 's Solomon	lloan
ANTECEDENT CAUSES	NO (B) (D)	for started	
DISEASES OR CONDITIONS, if ony	100	1 il + (a c'in.	11000
lise to the obove couse (A) sto		mil of un (aureaux	7) 42 ars
UNDERLYING CONDITION lost.			
Z OTHER SIGNIFICANT COMPLYIONS CON	TRIBUTE E		
OTHER SIGNIFICANT CONDITIONS CON	TO THE		The Could's Resident
DISEASE OR CONDITION CAUSING IT.	ION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YES,	WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFOR	MED	NO IN CERTIFY	NG CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or obout 21 C. WHERE DID (II in	Boltimore City, give exact location)
DEATH (notily medical examiner)	etc.)	mee order occor.	
21D. TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not While		
	Work Al Work	(111-6	mete 65
22. I certify that (I) (this hospital) a	10001. 20	- 1660	19 63
that (I) (we) lost saw the deceased o	alive on CCCCC 30	and that in(my) (a	ur) opinion death accurred an the date
and haur ond fram the couses stated	abave. (1) (We) (dtd) (did not)	view the bady after death.	
23A. SIGNATURE	2.1		23 B. DATE SIGNED
Wenners to	M.D. Att	ending Med. Stolf Phys.	211/66
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	10 84
Wethers	ee Fort M.D.	1118 St. Paul	81. 10016. 2. New
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (Stole)

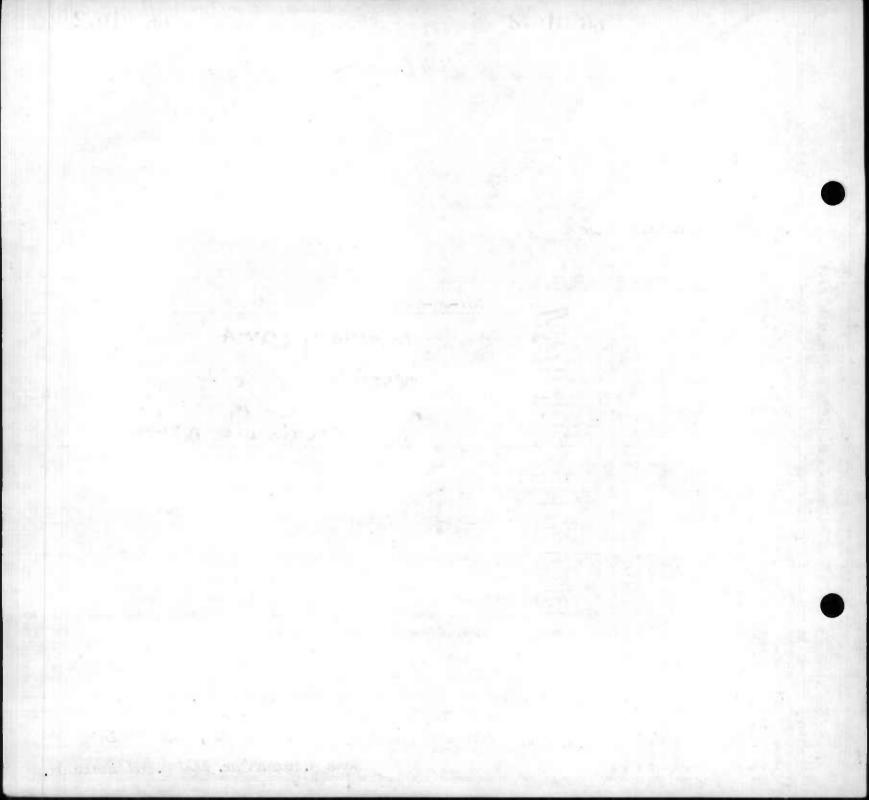
2/3/1966 New Cathedral Cemetery Baltimore, Maryland
DEPT. 1258, NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS
Dept. 1258, NAME OF REGISTRAR 125C. FUNERAL DIRECTOR 3000 E. Baltimore
John A. Moran Inc. 3000 E. Baltimore John A. Moran Inc. 3000 E. Baltimore St 2 1966 VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

	A part		HEALTH DEPARTMENT	00 04000		
	TH NO. 66 0107	CERTIFICA	TE OF DEATH Registered No.	66 01072		
	E. CASE NO. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	1		
(Ту	pe or Print Edith Corn	Well Edith E. Co	rnwell 1-28-66	1020 PM		
3.	PLACE OF DEATH IN BALTIMORE, MARYLAI	ND Carre C. Co	4. USUAL RESIDENCE (Where deceased fived. If i	institution: residence before admission)		
	FULL NAME OF (If not in hospital or ins HOSPITAL OR oddress or location) INSTITUTION	titution, give street	C. CITY OR TOWN (If outside city limits, write	RURAL and give fownship)		
11	Maryland Gene	latigeoff lan	D. STREET ADDRESS (If rural, give location)			
1	827 Linden A		819 Belgian Av	e		
5.		ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)	B. DATE OF BIRTH PAGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
dor	LUSUAL OCCUPATION (Give kind of work 108. In during most of working life, even if refired)		11. BIRTHPLACE (Stole or foreign country) W = V &	12. CITIZEN OF WHAT COUNTRY?		
	Practical Nurse			USA		
13.	FATHER'S NAME	nothman	14. MOTHER'S MAIDEN NAME			
			Carrie creel			
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of s	16. SOCIAL SECURITY NO. 181-26-6607	Hospital C	hart		
	18. 2 2 / X	CALISE OF	DEATH	INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTL	Pul	MONARY EDEMA EBRAL DEMORRIAGE PURSUENDIES BYPERTOR CENTO VASOULAN DIS	ONSET AND DEATH		
	LEADING TO DEATH	(A)	E C I			
	(This does not mean the made of dyin	g, e.g., DUE TO				
	heart foilure, asthenia, etc. It means the injury ar camplication which coused deat	h.)	BRAM WEMBRENAG	E		
	ANTECEDENT CAUSES	(8)				
	DISEASES OR CONDITIONS, if any,	DUE TO	PLACURATE OF HERRIET	NIVIL		
	rise to the above couse (A) stati	ng the (C)				
	UNDERLYING CONDITION fast.	ae	CENTOULAR I)IS	ense		
ATION	OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING				
FICA	19 A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE	FINDINGS CONSIDERED		
CERTIFIC	2	ED	Yes IN CERTIFIED	AUSES OF DEATH?		
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID (If in Boltimo ince bldg., INJURY OCCUR?	ne City, give exoct locotion)		
DIC		ut) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
ME	OF IN HIDY	While At Not While Work At Work				
	22. I certify that (I) (this hospital) att			1/28 1966		
		\ . a		1		
	that (1) (we) lost saw the deceased oli		19 ond tho In(my) (our) op	inion death occurred on the date		
	ond hour ond fram the couses stated o	bove. (1) (We) (did) (did not) v	iew the body ofter deoth.			
ond hour ond fram the couses stated oboxe. (1) (Well Ald) Ald not) view the body ofter deoth. 23A. SIGNATURE M.D. Altending Med. Director Phys. 23B. DATE SIGNE 23C. PHYSICIAN'S NAME (Type) NAME (Type) 24D. ADDRESS M.D. 8 2 7 Lmden Phys. 212 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, Iown, or county)						
	J. W. 22	M.D. Atte	nding Med. Staff Phys.	1/29/66		
	23C. PHYSICIAN'S) NAME (Type)		827 Linden A	Je 21201		
24.	A. BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CRE	MATORY 24D, LOCATION (C	City, town, or countyl (Stotal		
	REMOVAL (Specify)	Bluemant Com	tone Gnalton Was			
25.	A. DATE REC'D BY HEALTH DEPT. 1258.	Bluemont (eme	25°C. FUNERAL DIRECTOR	st Virginia ADDRESS		
	TTD 9 4000 0 =	20	John A. Moran Inc. 3000	E. Baltimona St		
V5	190-REV, 1/1/65	Tall Hall	1 0	C. succinotte st.		



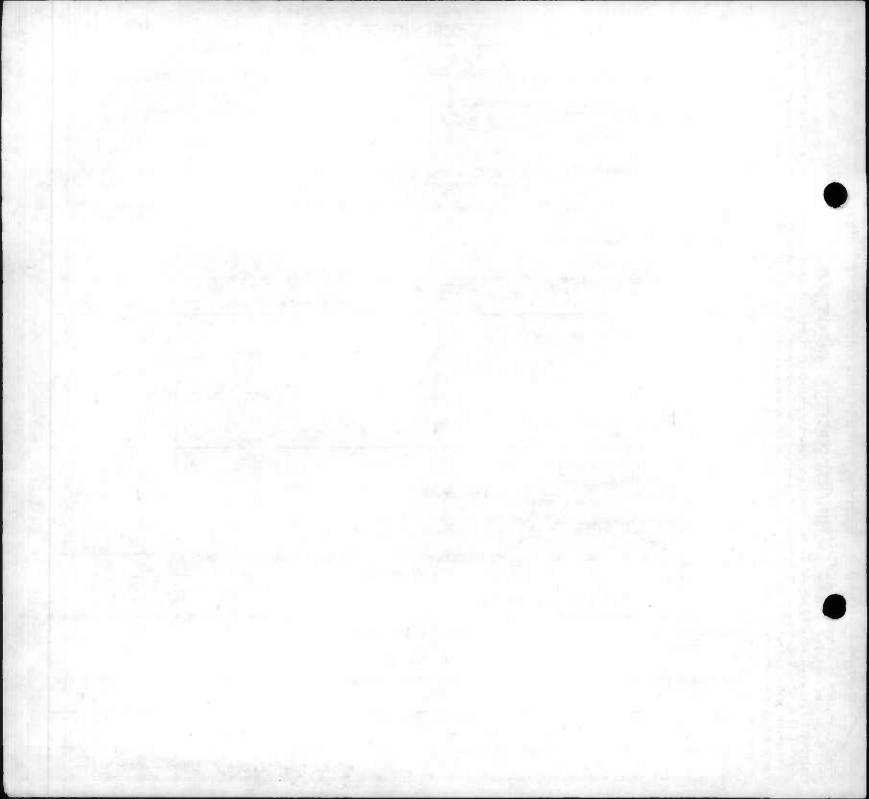
			BALTIMORE CITY	HEALTH DEPARTMENT		00 04 020
BIRTH	1 NO. 56 01073		CERTIFICA	TE OF DEATH	Registered Na.	66 01073
M.E.	CASE NO.				AND HOUR OF DEATH	1
(Туре	John S	PLEY	(SIPPLY)	1	-30-66	980 M
	ACE OF DEATH IN BALTIMORE, MA	RYLAND "	1	4. USUAL RESIDENCE (WI		institution: residence before admission)
1/h	& Johns Hepkins L.	ar institution,	give street	Md.		6-05
	OSPITAL OR address ar lacation			C CITY OR TOWN (III	outside city limits, write	RURAL and give tawnship)
40				D. STREET ADDRESS	If rural, give location)	
40				0:0	lass CT	
5. SE	EX 6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years	If Under 1 Yr. , II Under 24 Hrs.
	Mak George	1 1 1	D, DIVORGED (specily)	2-21-97	last birthday!	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of wor			11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
	during mast af working life, even if retired)			Maryland		U.S.A.
	ATHER'S NAME			14. MOTHER'S MAIDEN N	AME	000000
	CHARLES SIPLEY	/		HENRIETTA		
15. W	Vos Deceosed Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(1 es,	Na ar unkna wn) (III yes, give wor or date	s di servicei	SECURITY NO. 212-16-0691	Maggie Si	pley 210	Douglas Ct.
	18. 2 5 / Y I		10.0	DE DEATH		INTERVAL BETWEEN
	DISEASE OF CONDITION DI	RECTLY			٥	ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of	dvino ao	(A) CA	ella hema	nhoge	L day
	healt failure, astheria, etc. Il means	the diseose,			0 . (
	ANTECEDENT CAUSES		(B) Con	suntita co	agulopat	
	DISEASES OR CONDITIONS, II		DUE TO		0 1	
	rise to the obove couse (A)		(C)	······································		
	ONDERLING CONDITION 1881,					
Z	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTIN	G 0.1-	A .		
ATION	TO THE DEATH BUT NOT RELA		E CHT	Contra		
ERTIFIC	19A. DATE OF OPERATION 19B. CON	FORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or		E FINDINGS CONSIDERED AUSES OF DEATH?
CERT	21A. ACCIDENT WAS UNDERLYING	7 216	PLACE OF INTERVIOUS	in or obout 21 C. WHERE DID	(II in Boltime	ore City, give exact location)
	OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	hon	ne, form, factory, street, o	office bldg., INJURY OCCUR?		
100	21 D. TIME (Manth) (Day) (Year)		INJURY OCCURRED	21F. HOW DID II	NAMES OCCUR?	
N S	OF INJURY (APPROX.)	W	nile At Nat Whi	le 🗀		
		We		1/20	10 /1	1/3.)(-1
	22. I certify that (I) (this hospita		he deceased from	19 66 and	19 66 to	19.6
	that (I) (we) last saw the deceas					finian death accurred an the dat
11 1	and haur and from the causes sta 23A. SIGNATURE	ted abave, ((maildid ald nat)	view the bady after deati	1.	23B. DATE SIGNED ,
	W.		M.D. At	ending Med.	Staff	1/2 1/1
	23C.PHYSICIAN'S	C	Ph	23 D. ADDRESS	Phys.	1120100
	NAME (Lype)	10 100	M.D.	- Lulenis II	WILLIAM H	nc o
24A	BURIAL CREMATION, 1248, DATE	24C.N	AME of CEMETERY or CI	REMATORY 24D.	LOCATION	City, town, or county) (State)
-	Burial CREMATION, 248 DATE REMOVAL (Specily) 3/3/4		4. Auburn		Balto Mo	1
25A	DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECT	- The state of the	ADDRESS
	FEB 2 1966 ()	a. 8-8	Fallows or			E. North Ave,
VS 1	150-REV. 1/1/65	The same	3000		. , , , , ,	

Control boundary Committee cooplagate CHF, Embour J R Spancer Johns Hopems Hosp

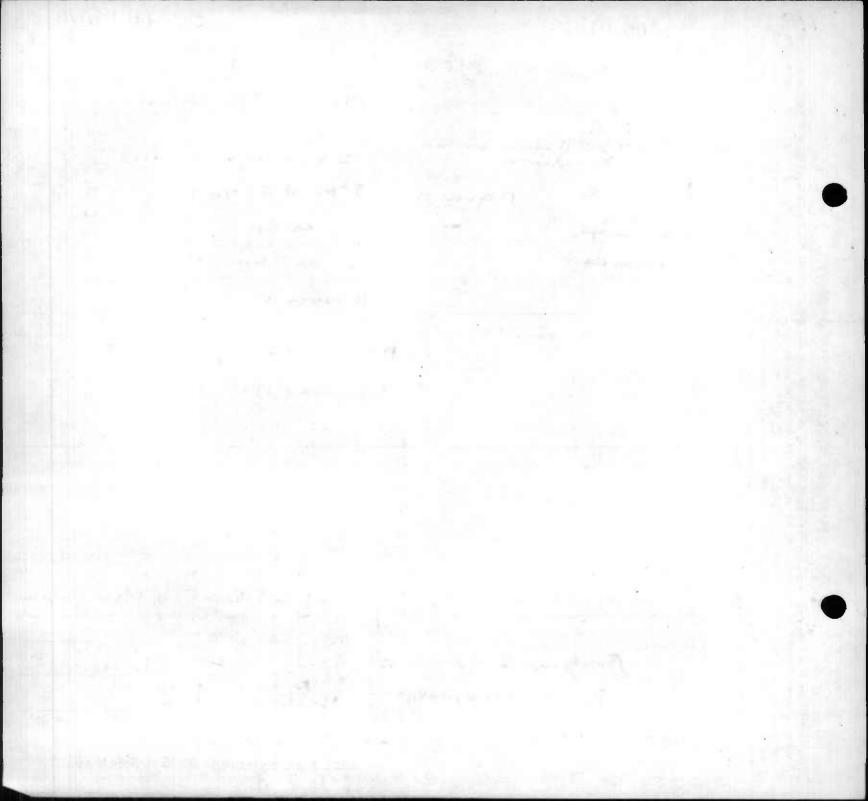
the body was released to the hospital by a medical examiner.

Also, if the direct or contributing cause of death

BIRTH NO.	cc 0107/		CEDITIES			Registered No.	66 010
M.E. CASE I		t	CERTIFICA	ATE OF			
1. NAME OF (Type or Print	. \	2 (ND HOUR OF DEATH	1 / ()
3. PLACE OF	MILLER M	ARYLAND	5 2 '	14. USUAL		31-66 pre deceased lived. If in	nstitution: residence he
				A. STATE	B. COU	NTY	20-
FULL NA		ol ar institution, give	street	a ciry o			
INSTITUTION	ON		10			itsido city limits, write	
1 Bo	N SECOU	RS 40	Spira			rurol, give location)	•
				25	74 11.	Ilins S	T. #:
5. SEX	6. RACE	7. MARRIED, NE		B. DATE O	F BIRTH	9. AGE (In years	If Under 1 Yr. If Months: Doys Ho
M	NEGRO	WIDOWED, D	IVORCED (specify)	2 -	183	lost birthday	Months Doys Ho
	OCCUPATION (Give kind of w	ork 10B. KIND OF BU	SINESS OR INDUSTR	Y 11. BIRTHE	PLACE (State or fore	eign country)	12. CITIZEN OF
	ost of working life, even if retired	1)		11.	RGIN1	A	WHAT COUNT
13. FATHER'S	Knowh			•	ER'S MAIDEN NA		и. 3
	known eased Ever in U. S. Armed I	To	505141	Unk	nown		
(Yes, no or uni	known) (If yes, give war ar d	otes of service)	SOCIAL SECURITY NO.				ADDRESS
UNKNO	w N			Mrs	Fannie 1	Flowers 1201	W North Av
18.	21X1		CAUSE	OF DEATH			INTERVAL ONSET AN
D	ISEASE OR CONDITION I			10.		7 /	
(This d	oes nal mean the made		(A)	1400	Cas Ct 2/	7 frehor	1 271
heart fa	ilure, asthenia, etc. It mea	ns the disease,	300.10				
injury a	r camplication which caus ANTECEDENT CAUS		(B) ()	ulmon	en Posce	n, Rt. C. Li	The
DISEAS	ES OR CONDITIONS, in		DUE TO		7		
rise lo	the above cause (A		(C)				
UNDER	LYING CONDITION last.						
Z	CICNIFICANT COMPINE	CONTRIBUTING					
≥ TO TH	SIGNIFICANT CONDITIONS TE DEATH BUT NOT RE E OR CONDITION CAUSING	LATED TO THE					
A DISENS	TE OF OPERATION 198. CO	NOTION FOR WHI	CH OPERATION	20A. A	UTOPSY? (Yes or N	o) 208. IF YES, WERE	FINDINGS CONSIDER
DATE O	WAS P	ERFORMED				IN CERTIFYING CA	USES OF DEATH?
U 21A. AC	CIDENT WAS UNDERLYING	21 B. PL.	ACE OF INJURY (e.g.,	in or about 2	NJURY OCCUR?	(If in Baltimare	e City, give exact loca
DEATH	(notify medical examinet)	etc.)			_		
21 D. TIN		or) (Hour) 21E, IN.	JURY OCCURRED	2	IF. HOW DID IN.	IURY OCCUR?	
(APPROX		While A	Noi Wi		-		
22 1	ertify that (1) (this haspi	1			1	19.66 to 91	:un. 3/
	(we) last saw the decea		Fra. 31		1 0	nat In (my) (aur) api	/
			۱۱ - ۱۱ (۱۱۹) (۱۱۹)				man death accoure
23A. SIG	ur and from the causes s NATURE	idied dodve. (i) (*	(did) (old not)	view the b	ady after death.		23B. DATE SIGNED
-	annel C.	Chas		Hending —	Med.	Stoff	234 27112 3101112
				23D. ADDR	Director	Phys.	
NA	SICIAN'S ME (Type)	0 0		230. AUUR		14	100011
	SITIVIUEL	C. CItu	. O M.E	Son	Secom	7 100ND1 a	of , salon
REMO	VAL (Specify)	24C. NAMI	of CEMETERY or C				ity, tawn, ar countyl
Burla	2/6/6		ert Cemetry	7	No	orfork Va	
25A. DATE I	REC'D BY HEALTH DEPT.	258. NAME OF R	EGISTRAD	25C EI	UNERAL DIRECTO	0///	ADDRE
	CED @ 4000	A = A	NO M	250.11	1. /	/ J	- Tall de
	FEB 2 1966 (00 E. S.	Fall was	Ad	of plans in	Stead 3206	Warth



D. STREET ADDRESS Control Cont	BIRTI			BALTIMORE CIT	Y HEALTH DEPARTMEN		cc 01075
STARLES OF DECENTED			5	CERTIFICA	ATE OF DEATH	Registered No.	GO OTILLO
TOUR HAME OF The property of the control property of t	1. N./ (Тур	AME OF DECEASED	3ERT MARYLAND	MARY	4. USUAL RESIDENCE (134166 Where deceased lived. II	12-450
S. SEE G. RACE MASHED NEVER MARKED DATE OF BIRTH ACT III years Months DAY	H	OSPITAL OR oddiess or lo	cotion)	Interes	Bloryland C. CITY OR TOWN	1 Balls foutside city limits, write	
CAUSE OF CONDITION S. If any, giving rise to the dobre cause (A) solding the UNDERLING CONDITIONS. CONTRIBUTING CONDITION S. CONTRIBUTING CONDITION S. CONTRIBUTING CONDITION Last. Contract of the condition	46	2 730 P	Jim are	in sk			Ave.
CAUSE OF OPERATION SECURITY NO. SOCIAL SCURENT NO. 17. INFORMANT ADDRESS SOCIAL SCURENT NO. 18. A MOTHER'S MAIDEN NAME SOCIAL SCURITY NO. 18. A MOTHER'S MAIDEN NAME SOCIAL SCORE OF DEATH SOCIAL SCURING CAUSE OF DEATH SOCIAL SCURING CONDITION SOCIAL SCURING CAUSES OF DEATH? SOCIAL SCURING CAUSES		FC	WIDOWED	DIVORCED (specify)	5"NW. 18"	15 lost birthdoys for.	If Under 1 Yr. If Under 24 Months: Doys Hours Mir
15. West Diseased Sver in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., healt foliuse, eatherin, etc.) It means the disease, injury or camplication which caused death. ANTECEDENT CAUSE DISEASE OR CONDITIONS, if any, giving dise los line above cause. (A) stating the UNDERLYING CONDITION lost. 10. THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION TO SUBJECT OF THE DISEASE OR CONDITION CAUSES OF DEATH 10. THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION TO SUBJECT OF THE DISEASE OR CONDITION TO THE DISEASE OR CONDITION TO SUBJECT OF THE DISEASE OR CONDITION TO SUBJECT OR THE D	done	during most of working life, even if ret		BUSINESS OR INDUSTR			WHAT COUNTRY?
Tes, no or unknown[d] yes, give wor or dotes of service) SECURITY NO.	13. F	enters name					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) (A) (B) (B) (C) (B) (C) (C) (DIETO (DIETO	15. V (Yes,	Nas Deceosed Ever in U. S. Arme ,no or unknown) (II yes, give wor o	d Forces? r dotes of service)		A	cl	
DISEASE OR CONDITION CAUSING IT. 198. CONDITION TOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, sheet, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, sheet, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, sheet, office bldg., INJURY OCCUR? 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCUR? While AI Not While 21F. HOW DID INJURY OCCUR? While AI Not While 22F. HOW DID INJURY OCCUR? While AI Not While 31F. HOW DID INJURY OCCUR? While AI Work 31F. HOW DID INJURY OCCUR? 22L I certify that (I) (this hospital) attended the deceased fram 1.5 L. HOW DID INJURY OCCUR? While AI Not While 31F. HOW DID INJURY OCCUR? While AI Not While 31F. HOW DID INJURY OCCUR? While AI Work 31F. HOW DID INJURY OCCUR? While AI Work 31F. HOW DID INJURY OCCUR? While AI Work 31F. HOW DID INJURY OCCUR? AT WORK 31F. HOW DID INJURY OCCUR? While AI Work 31F. HOW DID INJURY OCCUR? While AI Work 31F. HOW DID INJURY OCCUR? AT WORK 31F. HOW DID INJURY OCCUR? While AI Work 31F. HOW DID INJURY OCCUR? AT WORK 31F. HOW DI	NOIL	DISEASES OR CONDITIONS, rise la the above cause UNDERLYING CONDITION las	if any, giving (A) stating the st. NS CONTRIBUTING RELATED TO THE	(C)		1(200 100	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact locotion) home, form, foctory, sheet, office bldg, INJURY OCCUR? DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At North Work At Work 21F. HOW DID INJURY OCCUR? While At Work At Work 22. I certify that (I) (we) last saw the deceased olive an 19 ond that in (my) (our) opinion deoth occurred on the ond haur and from the couses stated above. (I) (We) (did) (did nat) view the body after deoth. 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) BAND AND HAND AM.D. 23D. ADDRESS W. Auburn Cemetry Baltimore Md ADDRESS	TIFICAT	19A. DATE OF OPERATION 198.	CONDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes	1 No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED While At Work At W		21A. ACCIDENT WAS UNDERLYI	F hom	e, form, foctory, street,	in or obout 21C. WHERE DI	D (If in Boltimo	ie City, give exact location)
that (I) (we) last saw the deceosed olive an	AL CE	OR CONTRIBUTING CAUSE OF	etc.)		12		
23C. PHYSICIAN'S NAME (Type) B. A. ADYANTHOYAM.D. 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 24D. LOCATION (City, town, or county) (Single Partial 2/3/66) Burial 2/3/66 Mt. Auburn Cemetry 25D. FUNERAL DIRECTOR ADDRESS	AEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (OF INJURY	(Yeor) (Hour) 21 E. Whi	INJURY OCCURRED	hile	INJURY OCCUR?	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (St. Burial 2/3/66 Mt. Auburn Cemetry Baltimore Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF PREGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (OF INJURY (APPROX.) 22. I certify that (L) (this has that (I) (we) last saw the decond have and from the causes	(Yeor) (Hour) 21E, Whi Wor spital) attended the	INJURY OCCURRED Ile AI Not Will At World The deceased fram	hile	19 <u></u> ta d that in(my) (our) op	Unian death occurred on the
Burial 2/3/66 Mt. Auburn Cemetry Baltimore Md 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (OF INJURY (APPROX.) 22. I certify that (L) (this has that (I) (we) last saw the decond haur and from the causes 23A. SIGNATURE 23C. PHYSICIAN'S	(Yeor) (Hour) 21E, Whi Wor spital) attended the	INJURY OCCURRED In At Work A	19 6 on view the body ofter dec	19 ta ta d that in (my) (our) op oth.	Inian deoth occurred on the
Burial 2/3/66 Mt. Auburn Cemetry Baltimore Md 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (OF INJURY (APPROX.) 22. I certify that (L) (this has that (I) (we) last saw the decond haur and from the causes 23A. SIGNATURE 23C. PHYSICIAN'S	(Yeor) (Hour) 21E. Whi wor spitol) attended the ceosed alive an asstated above. (I	INJURY OCCURRED le At Not Will At Work ne deceased fram	tending Med. Director 23D. ADDRESS	19 ta ta d that in (my) (our) op oth.	238. DATE SIGNED
	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 210. TIME (Month) (Doy) (OF INJURY (APPROX.) 22. I certify that (I) (this has that (I) (we) last saw the decond haur and from the causes 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) BURIAL CREMATION, 24B. DAY	(Yeor) (Hour) 21E, Whi Wor spital) attended the ceosed alive an	INJURY OCCURRED Ile AI Not Will At Work ne deceased fram	thending Med. Director 23D. ADDRESS	19 5 to	238. DATE SIGNED 1 3 1 6 6



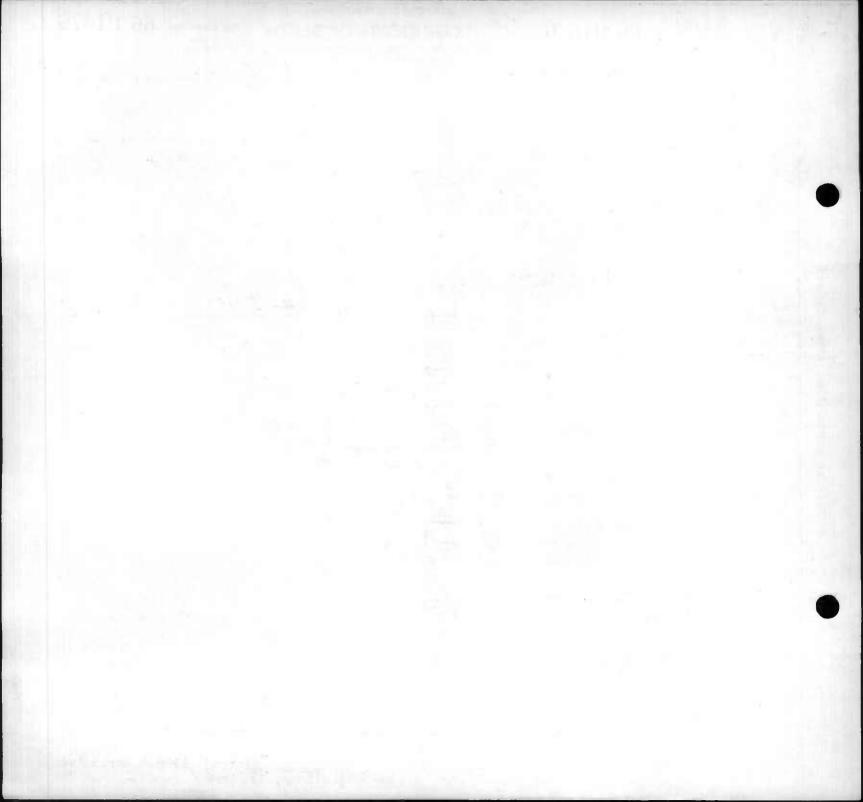
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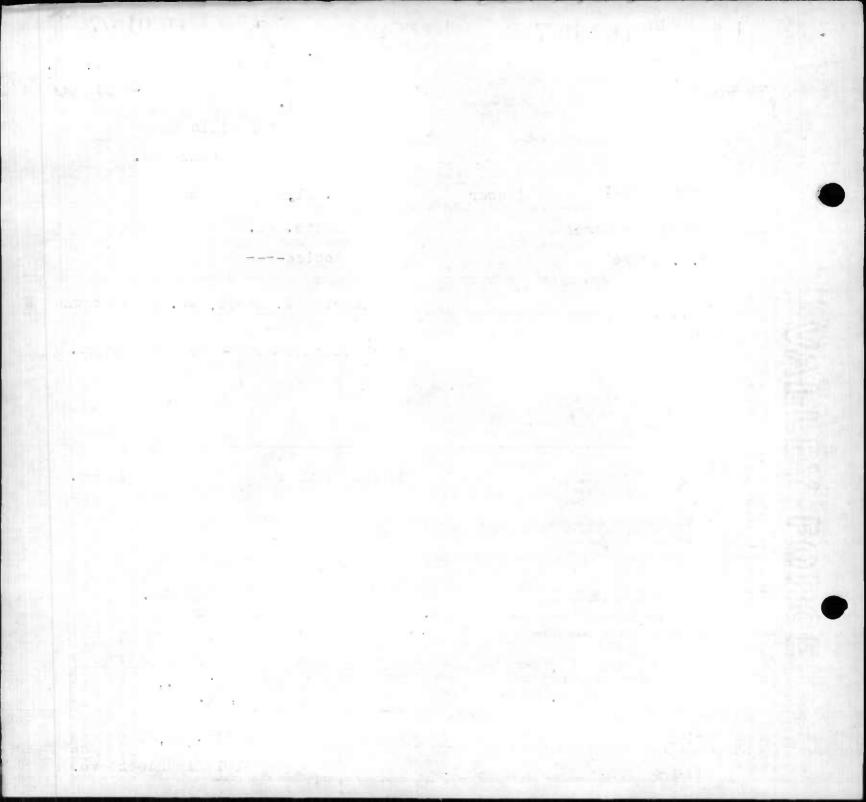
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BALTIMORE CITY HI	EALTH DEPARTMENT
BIRTH NO. CC A1076 CERTIFICATI	E OF DEATH Registered No. 66 01076
M.E. CASE NO.	E OI DEATH
1. NAME OF DECEASED (Type or Print) I SIAh EURe	2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 730 A M.
	. USUAL RESIDENCE (Where deceased lived, If institution: residence belare admission)
FULL NAME OF (II not in hospital or institution, give street HOSPITAL OR address or location)	TARYLAND (If outside city limits, write RURAL and give township)
GRONGE WAShington CARVET	BALTO, 18. Md.
Nursing Home	914 EAST 20Th ST
MALE N Single	DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Ruck dr. ve R	VIRGINIA U.S.A
13. FATHER'S NAME	MOTHER'S MAIDEN NAME
Solomon Eure. 15, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17.	TAUK INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	· INTOXIVANT
	ChAR+# 290 607 PennA. Ave
18. 2 5 2 XI	DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arter	10-sclerotic Gungrene of 5 week
(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	Arterio-sclerosis - Um Known
ANTECEDENT CAUSES (B) (N) DUE TO	11/1/10-70/(10)/2- 0/W/1/KOWN
DISEASES OR CONDITIONS, il any, giving rise la lhe abave cause (A) stating the	ral Thrombosis = Rt. 64x5

	WILLERS HAME		14. MOTHER 3 WINDER TANKE	
<	Solomon Fure		FALLK	
	Nos Deceased Ever in U. S. Armed Forces? , no or unknown)(If yes, give wor or dates of servi	1 6. SOCIAL	17. INFORMANT	ADDRESS
1163	, no or unknown, in yes, give wor or dues or servi	SECURITY NO.	ChAR+# 290 607	Penna Ave
	18. 3 5 2 1	CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Ari	terio-sclerodic Gungrene of	5 week
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	e.g., DUE TO	2 ft Footh	11 2
	ANTECEDENT CAUSES	(B) LT	niArterio-sclerosis-	UMPROWN
	DISEASES OR CONDITIONS, il any, gi rise la lhe abave cause (A) slaling UNDERLYING CONDITION last.	ving (c) Ce	rebral Thrombosis a Rt.	6475
	П	///	, m par 47/9	/
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINE IN CERTIFYING CAUSE	
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g home, lorm, foctory, street, etc.)	office bldg., INJURY OCCUR?	ty, give exact location)
EDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2	(APPROX.)	While At Work Not W		
	22. I certify that (I) (this hospital) attend	1/05	12/23 1965 to 1/2-1	1966,
	and hour and from the couses stated above	e. (I) (We) (did) (did not	0.	
	23A. SIGNATURE	1		B. DATE SIGNED
	EE HOLT		Attending Med. Stoff Phys.	1/27/66
	23C. PHYSICIAM'S NAME (Type)		D. 3715h berty Hats Ave	
244		C. NAME of CEMETERY or	CREMATORY 24B. LOCATION (City, 1	own, or county) (State)
	Dui 101	Mt Auburn Cen	netry Baltimore Md	
25A	FEB 2 1966 C Red	ME OF REGISTRAR	Adolphus alstead 1206	W North Ave



	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. 10 M.E. CASE NO. 66 U1077	CERTIFICA	JE OF DEATH Registered NGG	01077
1. NAME OF DECEASED (Typo or Print) Cohorles	valL	SR. 2. DATE AND HOUR OF DEATH	6 55:30 A. M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	des also about	4. USUAL RESIDENCE (Where deceased lived: II ins	
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	9	c. CITY OR TOWN (If outside city limits, write RI	
5313 Edmon	Islan ou	D. STREET ADDRESS (If jurol, give locotion) 326 Westowne	Rd.
White Wind	RIED, NEVER MARRIED DWED, DIVORCED (specify) OWET	B. DATE OF BIRTH Sept. 21/80 9. AGE (In yours lost birthdoy) 85	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if refired) Retired Salesman	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) Balto. Md.	12. CITIZEN OF WHAT COUNTRY?
Wm.F. LOOSE		14. MOTHER'S MAIDEN NAME LOUISE	
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) (If yes, give war or datas of serv	ice) 1 6. SOCIAL SECURITY NO.	Charles A. Loose, Jr. 3	ADDRESS
18. 44. 5 9 1 1 1 2 1 6	V CAUSE O		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc., It means the dise injury or complication which caused death.) ANTECEDENT CAUSES	e.g., DUE TO	riosclerotic Cardio-vascula Disease	onset and death
DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating UNDERLYING CONDITION fast.	the (C)	· · · · · · · · · · · · · · · · · · ·	
TO THE DEATH BUT NOT RELATED TO	7145	etes Mellitus	12 yrs.
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	OK WHICH OPERATION	IN CERTIFYING CAU	SES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21 C. WHERE DID (If in Boltimore lings, INJURY OCCUR?	City, give exact location)
21 D. TIME (Month) (Doyl (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work At Work		
22. I certify that (I) (Avia has pirel) attend			an. 19 66
that (I) (***) last saw the deceased alive	un Jan. 26	19 66 and that in (my) (in a spin	
23A. SIGNATURE	. (I) (we) (did) (did noi) v		23B, DATE SIGNED
5-1	Thre M.D. Atte	ending Med. Stoll	1/31/66
23C. PHYSICIANS NAME Typel Leo J. Gave		23D. ADDRESS 1 Mallow Hill Ave. Baltimore, Md.	, ,
24A. BURIAL CREMATION, 24B. DATE / 24	C. NAME OF CEMETERY OF CRE		y, town, or county) (State)
Burial Job 1/66	ME OF REGISTRAR	Balto. 29,	Md
0 0	To Can Mill	25C. FUNERAL DIRECTOR WALOT MALOL Edmor	
FEB 2 1966 (2.0.4) &	7 6 6 0 1	1 D	



BIRTH NO	10		BALTIMORE CITY	HEALTH DEPARTMENT		66 01078
		00 0	1078 CERTIFICA	TE OF DEATH	Registered N	0.
M.E. CA	SE NO.	<u>66 U</u>	1070	2. DATE	AND HOUR OF DEA	тн
(Type or	B.J. Al	Elsie G	G. Turner	Ja	n. 27/66	1
3. PLAC	E OF DEATH IN BA			4. USUAL RESIDENCE (W	here deceased lived.	f institution: residence before admission
				Md.	YTAL	1-18
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)				800		
INSTIT	TUTION	43				te RURAL and give township)
A	606 N	. ugus	sta "ve.	Baltimor D. STREET ADDRESS	e 29	
U		2		606 N. 4		~ve
5. SEX	6. RACE		7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGF (In years	If Under 1 Yr., If Under 24 H
Fem	nale Whi	te	Never Married	Oct. 30/80	lost birthdoy 85	Months Doys Hours Min,
			108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
-	ng most of working life	s, even if fettred)		Balto. Md.		USA
	ERS NAME			14. MOTHERS MAIDEN N	AME	JUA
	oseph J.	Turner		Emily J. Gr		
15. Wos	Deceased Ever in Unit unknown) (If yes,	J. S. Armed Ford	tes? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1163,110 0	or onknown all yes,	give war or dole:		Mrs. Ethel I	uvall, 606	N. Augusta Ave
1B.	4221	1	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CO	ONDITION DIR	ECTLY	1 110	A .	ONSET AND DEATH
	LEADIN	G TO DEATH	(A) 607	abral bascule	aracciden	t 3 who
	s does not mean at laiture, asthenia,		dying, e.g., DUE TO			
			1 11			
Injui	ry or complication	which coused	death.)	Torin- never	Tir-Capile	1-
infut		DENT CAUSES	death,)	terio-relen	Tu-cardi	D =
	ANTECE	DENT CAUSES	(B) UTC	terio-relen	otic-cardi	10400
DISE	ANTECES EASES OR CON to lihe obove	DITIONS, il c cause (A)	OUE TO Stating the (C)	terio-relen vascular	otu-cardi disease	0- 10 yrs
DISE	ANTECES EASES OR CON	DITIONS, il c cause (A)	DUE TO any, giving slating the (C1	ebral lascule terio-relen vascular	disease	10 yn
DISE rise UNI	ANTECES EASES OR CON to like obove DERLYING COND	DENT CAUSES DITIONS, il cause (A) ITION last.	ONTRIBUTING	teris-relen	disease	0- 10 yn
NO DISI	ANTECES EASES OR CON to the obove DERLYING COND HER SIGNIFICANT (THE DEATH (EASE OR CONDITION	DENT CAUSES DITIONS, if course (A) ITION last. II CONDITIONS COURT OF RELATION CAUSING IT	ONTRIBUTING TED TO THE			· ·
DISE rise UNI	ANTECES EASES OR CON In the obove DERLYING COND HER SIGNIFICANT OF THE DEATH OF	DENT CAUSES DITIONS, if course (A) ITION last. II CONDITIONS COURT OF RELATION CAUSING IT	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION		No) 208. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISE rise UNI TO DISI	ANTECES EASES OR CON to the obove DERLYING COND HER SIGNIFICANT (THE DEATH (EASE OR CONDITION	DENT CAUSES DITIONS, if couse (A) ITION last. II CONDITIONS CE BUT NOT RELA ON CAUSING IT ON 19B. CONI WAS PERF	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED
DISE rise UNIO TO TO DISI	ANTECES EASES OR CON to the obove DERLYING COND HER SIGNIFICANT OF DEATH BEASE OR CONDITION DATE OF OPERATION ACCIDENT WAS	DENT CAUSES DITIONS, il cause (A) ITION last. Il CONDITIONS CC BUT NOT RELA ON CAUSING I' ON 198. CON WAS PERF	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 218, PLACE OF INJURY (e.g., i	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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DISIGNAL OF INC.	ANTECES EASES OR CON to the obove DERLYING COND HER SIGNIFICANT THE DEATH BEASE OR CONDITION DATE OF OPERATION ACCIDENT WAS CONTRIBUTING THE (notify medical)	DENT CAUSES DITIONS, if couse (A) ITION last. II CONDITIONS CAUSING IT ON 198. CON WAS PERF UNDERLYING CAUSE OF examiner)	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY(e,g., independent of the content of the cont	20 A. AUTOPSY? (Yes or no robout 21 C. WHERE DID NJURY OCCUR?	No) 208. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFIC ATION OLD ISING OLD IN OLD	ANTECES EASES OR CON TO THE OBOVE DERLYING COND HER SIGNIFICANT OF THE DEATH BEASE OR CONDITION DATE OF OPERATION ACCIDENT WAS CONTRIBUTING THE (Month) TIME (Month) INJURY PROX.)	DENT CAUSES DITIONS, il cause (A) ITION last. II CONDITIONS CO BUT NOT RELA ON CAUSING I' ON 19B. CON WAS PERF UNDERLYING CAUSE OF examinet) (Day) (Year)	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., in the content of the	20 A. AUTOPSY? (Yes or no about 21 C. WHERE DID (fice bidg., INJURY OCCUR?	No) 208. IF YES, WE IN CERTIFYING (If in Boltin	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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DISE rise UNII TO DISI	ANTECES EASES OR CON In the obove DERLYING COND HER SIGNIFICANT OF THE DEATH OF THE OF THE DEATH OF THE OF THE DEATH OF	DENT CAUSES DITIONS, il cause (A) ITION last. II CONDITIONS CO SUT NOT RELA ON CAUSING I' ON 19B. CONNI WAS PERF UNDERLYING CAUSE OF examiner) (Day) (Year) (this hospital w the decease	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., in home, form, foctory, street, onetc.) (Hourl 21E. INJURY OCCURRED While AI Not While AI Not While AI Work) ottended the deceased from and dalive on AI Work ed obove. (I) (We) (did) (did not) when the strength of the strength	20 A. AUTOPSY? (Yes or no obout 21 C. WHERE DID liftice bidg., INJURY OCCUR? 21 F. HOW DID I	No) 208. IF YES, WE IN CERTIFYING (If in Boltin NJURY OCCUR? 19tothot in (my) (our) h.	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct location) 19 6 6 opinion death occurred on the death
DISE rise UNII WEDICAL TO THE T	ANTECES EASES OR COND To the obove DERLYING COND HER SIGNIFICANT OF THE DEATH BEASE OR CONDITION DATE OF OPERATION ACCIDENT WAS CONTRIBUTING THE (Month) INJURY PROX.) I certify that (I) (I) (we) last south of the condition of the conditio	DENT CAUSES DITIONS, il cause (A) ITION last. II CONDITIONS CO SUT NOT RELA ON CAUSING I' ON 19B. CONNI WAS PERF UNDERLYING CAUSE OF examiner) (Day) (Year) (this hospital w the decease	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., independent of the control of the con	20 A. AUTOPSY? (Yes or no robout 21 C. WHERE DID fice bidg., INJURY OCCUR? 21 F. HOW DID I e and view the body ofter death of the point of the poin	No) 208, IF YES, WE IN CERTIFYING (If in Bolting) NJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct locotion) 19 6 6 opinion deoth occurred on the decay of the
DISE rise UNII ON OTH TO DISI ON OTH TO DEAL OR OTH TO DEAL OR OTH TO DEAL OR OTH TO DISI ON OTH TO DEAL OR OTH TO DISI ON OTH	ANTECES EASES OR CON In the obove DERLYING COND HER SIGNIFICANT OF THE DEATH OF	DENT CAUSES DITIONS, il cause (A) ITION last. II CONDITIONS CO SUT NOT RELA ON CAUSING I' ON 19B. CONNI WAS PERF UNDERLYING CAUSE OF examiner) (Day) (Year) (this hospital w the decease	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., independent of the control of the con	20 A. AUTOPSY? (Yes or no obout 21 C. WHERE DID liftice bidg., INJURY OCCUR? 21 F. HOW DID I	No) 208. IF YES, WE IN CERTIFYING (If in Boltin NJURY OCCUR? 19tothot in (my) (our) h.	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct locotion) 19 6 6 opinion deoth occurred on the decay of the

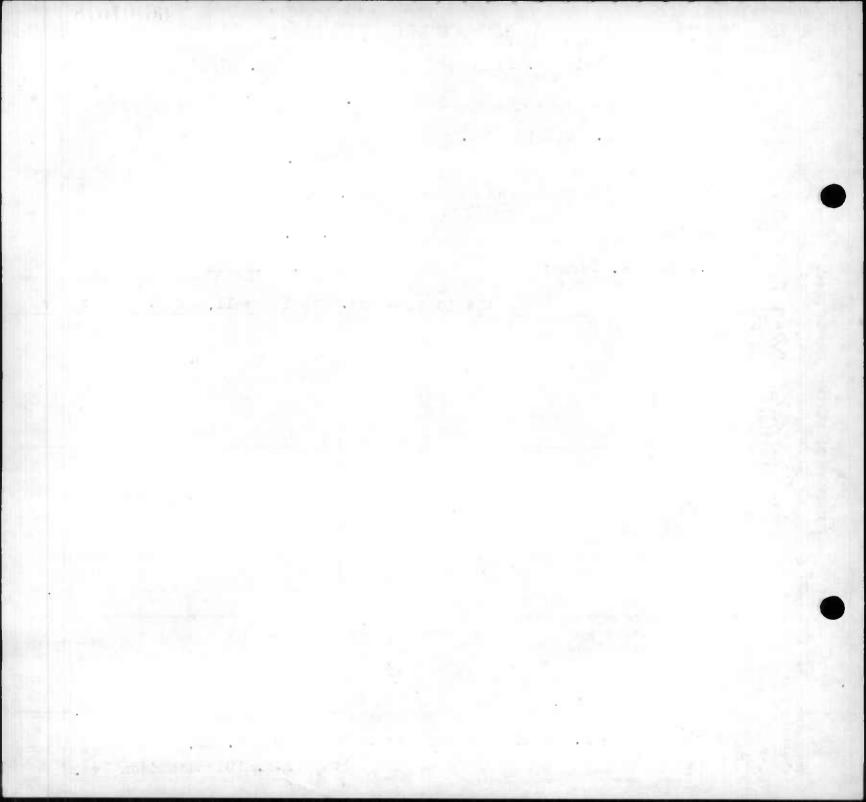
25A. DATE REC'D BY HEALTH DEPT.

25A. DATE REC'D BY HEALTH DEPT.

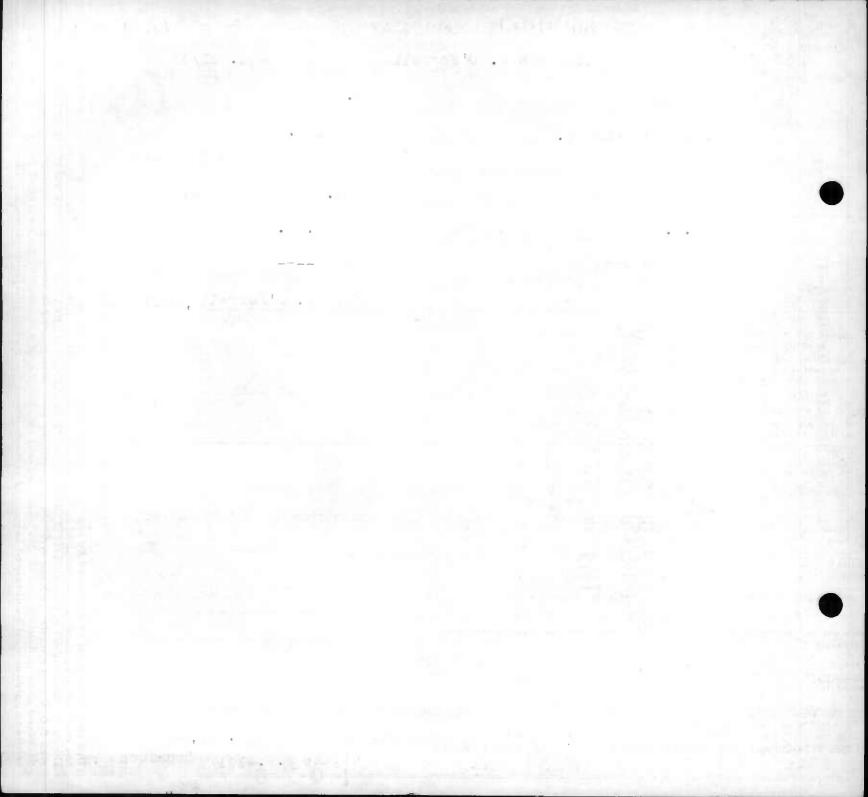
25B. NAME OF REGISTRAR
WITZKE F. D., 4101 Edmondson
VS 150-REV. 1/1/65

ADDRESS

ve.



	De or Print)	11 0 017	2, DATE AND HOUR OF DEAT	
3 P		th C. O'Ferrall		
F		institution, give street	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	12-01
	HOSPITAL OR oddress or focotion) NSTITUTION		C. CITY OR TOWN (If outside city limits, writ	te RURAL and give township)
12	3810 Juniper Ra.		D. STREET ADDRESS (If rurol, give location)	
			3810 Juniper	m Da
5. S	EX 6. RACE 7.	. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr If Under
Pe	emale White	WIDOWED, DIVORCED (specify) WIDOW	Jan. 25/09 tost birthdoy 57	Months Doys Hours
	e during most of working lile, even if retired)	OR' KIND OF BOZINEZZ OK INDOZI	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	H.W.	Own Home	Balto.Md.	USA
13. [FATHERS NAME		14. MOTHER'S MAIDEN NAME	
	Joseph Cook		Marie	
	Was Deceased Ever in U. S. Armed Force		17. INFORMANT	ADDRESS
(Tes	s, no or unknown) (If yes, give wor or dotes	of service) SECURITY NO.	Alfred J OlBannall	7070 7007
	18. 4.5.5.11	CALICE	Alfred J. O'Ferrall 3	3810 Juniper
	DISEASE OF CONDITION DIREC		OI DEATH	ONSET AND DE
	LEADING TO DEATH	(Carrenamatoria	2 mas
	(This does not meon the mode of d	lying, e.g., DUE TO	Bress Canser	740.
	heart foilure, osthenio, etc. It means the injury or camplication which coused d	ne diseose, eoth.)	A	-
	ANTECEDENT CAUSES	(8)	Greas Canser	140.
		DUE TO		9
	DISEASES OR CONDITIONS. IF OR	IV. GIVING		
	DISEASES OR CONDITIONS, if on rise to the obove couse (A) s		***************************************	B T A A B B B B B B B B B B B B B B B B
	rise to the obove couse (A) s UNDERLYING CONDITION lost.			
VTION	rise to the obove couse (A) s UNDERLYING CONDITION Iosi. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE	NTRIBUTING		
TIFICATION	rise to the obove couse (A) s UNDERLYING CONDITION Iosi. 11 OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING ED TO THE	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
RTIFIC	rise to the obove couse (A) s UNDERLYING CONDITION Iost. II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 1798. CONDI WAS PERFO	NTRIBUTING ED TO THE TION FOR WHICH OPERATION RMED 218. PLACE OF INJURY (%)	IN CERTIFYING (RE FINDINGS CONSIDERED CAUSES OF DEATH?
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CAL CERTIFIC	rise to the obove couse (A) s UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION WAS PERFO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	NTRIBUTING ED TO THE TION FOR WHICH OPERATION RMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street,	office bldg., INJURY OCCUR?	CAUSES OF DEATH?
DICAL CERTIFIC	rise to the obove couse (A) s UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 198. CONDI WAS PERFO 21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Day) (Year)	NTRIBUTING ED TO THE TION FOR WHICH OPERATION RMED 21B. PLACE OF INJURY (e., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED	office bldg., INJURY OCCUR? IN CERTIFYING (If in Boltim	CAUSES OF DEATH?
CAL CERTIFIC	rise to the obove couse (A) s UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 19.8. CONDI WAS PERFO 21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21.D. TIME (Month) (Doy) (Year)	NTRIBUTING ED TO THE TION FOR WHICH OPERATION RMED 21B. PLACE OF INJURY (e., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED	JN CERTIFYING Confice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	CAUSES OF DEATH?
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MEDICAL CERTIFIC	rise to the obove couse (A) s UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 19.8. CONDI WAS PERFO 21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21.D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) of that (I) (we) last saw the deceosed	NTRIBUTING ED TO THE TION FOR WHICH OPERATION RMED 218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Mork Work attended the deceased from alive on 29	IN CERTIFYING (g., in or about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? //hile	causes OF DEATH? nore City, give exact location)
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WEDICAL CERTIFIC	rise to the obove couse (A) s UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 19.8. CONDI WAS PERFO 21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21.D. TIME (Month) (Doy) (Year) 21.D. TIME (Month) (Doy) (Year) 22. I certify that (I) (this hospital) of that (I) (we) last saw the deceosed and hour and fram the causes stated 23.A. SIGNATURE 23.C. PHYSICIAN'S NAME (Type)	NTRIBUTING ED TO THE TION FOR WHICH OPERATION RMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 218. INJURY OCCURRED While At Not W Work attended the deceased from alive on 29 d obave. (I) (We) (did) (did not)	IN CERTIFYING Confice bldg., INJURY OCCUR? Ville	application of City, give exact location) 23B, DATE SIGNED 2-2-6 (City, lown, or county)



,	21]
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be app the body was released to fl shows: (1) An accident of an was D.O.A. at a hospital (e	deceased prior to death); o

			1.000		HEALTH DEPARTMENT		00 01 000
	H NO. CASE NO.	66	11080	CERTIFICA	TE OF DEATH	Registered Na	66 01080
1, N.	AME OF DECEA		ANNA,	ELIZABETH		NO HOUR OF DEATH	5:50 A M
3. P	LACE OF DEATH	IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Wh A, STATE B. COU	ere deceosed lived. If ins	titution: residence before admission)
H	ULL NAME OF	(If not in hospital address or location	or institution, n)	give street			URAL ond give fownship)
4) s	T. AGNES	HOSPIT	AL	D. STREET ADDRESS	21223	
5. S	EX 6.	RACE	7. MARRIED.	NEVER MARRIED	8. DATE OF BIRTH	P. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	EMALE	WHITE	WIDOWER	WED (specify)	7-7-99 11. BIRTHPLACE (State or for	lost birthdoyl	Months Doys Hours Min.
		king life, even if retired)	KIND OF	BOZINEZZ OK INDOZIKI	11. BIRIMPLACE (State or ton	eign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIF	E			PENNSYLVAN		U.S.A.
3. F	FATHER'S NAME	NVALINKA			ANNA	AME	
5. V Yes,	Nas Deceased Ev ,no or unknown) (If NO	er in U. S. Armed For yes, give wor or dote	rces? es of service)	SECURITY NO.	ST. AGNES HOS		
	18. 7) / /			213-30-5358 CAUSE O	CATON & WILKI	ENS AVE. ZI	INTERVAL BETWEEN
	DISEASE	OR CONDITION DI	RECTLY				ONSET AND DEATH
		ADING TO DEATH		(A) U	REMIA		2-3 MO,
		meon the made of thenio, etc. II meons		DUE TO		• • • • • • • • • • • • • • • • • • •	
	injury or compli	cotion which coused	deoth.)	N	EPHROTIC .	SYNDROME	2-3 MO.
П		TECEDENT CAUSES		DUE TO		SINDICTIE	
	rise to the	CONDITIONS, if obove couse (A) CONDITION lost.		(c) D1	ABETIC NEPH	ROSCLEROS	S YEARS
ATION	TO THE DEA	ANT CONDITIONS (TH BUT NOT REL ANDITION CAUSING	ATED TO TH	GAALIT	LUPUS ERY	THEMATOSIS	URE
	19A. DATE OF O	PERATION 198. CON WAS PER	IDITION FOR		20A. AUTOPSY? (Yes or N	O) 208, IF YES, WERE FI	
0	21 A. ACCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING CAUSE OF	21B horr etc.	te, form, foctory, street, o	n or about 21C. WHERE DID INJURY OCCUR?	(If in Baltimore	City, give exact location)
NE NE	21 D. TIME (A OF INJURY (APPROX.)	Aonth) (Doy) (Year)		INJURY OCCURRED		JURY OCCUR?	
	22. I certify the	at (1) (this hospita	l) attended t	he deceased fram	1-29	1966 10	-29- 1966
- 1		st saw the decease		1 - 20	66		ion death accurred an the date
	ond hour ond fr	om the causes sto	ted obove. (I	l) (We) (did) (did not) v	view the bady after death.		
	23A. SIGNATURE	406					23B, DATE SIGNED
	W	rem	100	M.D. Atte	ending Med. S. Director	Stoff Phys. 🔀	1/29/66
	23C. PHYSICIAN'S NAME (Type) //	NOR 11	M.D.	ST. AGNES HO	DSPITAL	1 100
24A	BURIAL CREMA	TION, 248. DATE	.4.141	AME of CEMETERY OF CR			y, town, or county) (Stotel
	BURIAL	2/1/66	BA	ALTIMORE NATIO	NAL CEMETERY	BALTIMORE	MARYLAND
25A	. DATE REC'D BY			OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	FEB 2	1966 (2.	18-93	Es. Chamber 17	HUBBARD FUNE	RAL HOME, 410	7 WILKENS AVE. #29
VS 1	150-REV. 1/1/65		TENTA MILE			-	

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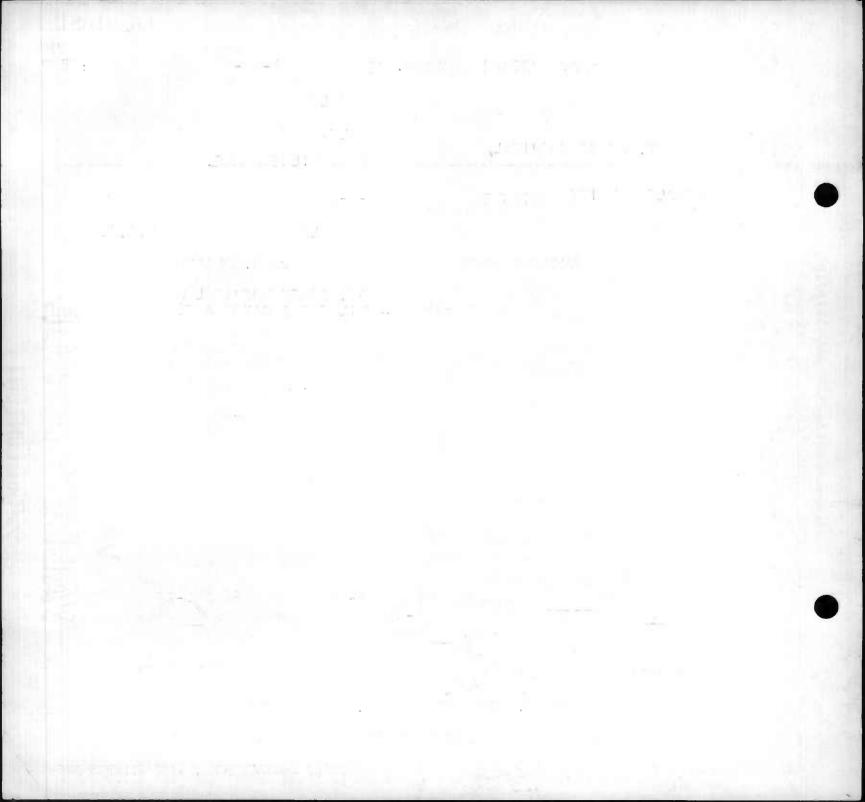
TELETA SALL TARE

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				BALTIMORE CITY	HEALTH DEPARTMENT		00 (11 01)
100	TH NO.	66 0	1081	CERTIFICA	TE OF DEATH	Registered Na.	66_01081
1. N	AME OF DECEASE					D HOUR OF DEATH	7:55 PM
(Тур	pe or Print)	MARY F	OREMAN	MARY M. F	OREMAN 1-2	9-66	I TOP N
3. 1	LACE OF DEATH	IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where	e deceased lived. If inst	ilution: residence before admission)
	FULL NAME OF	(If not in hospital	or institution	Dive sheet	MARYLAND	7	
1	HOSPITAL OR	address or locatio	n)	give sheet	C. CITY OR TOWN (If out	side city limits, write RU	RAL and give township)
, /	7					227	
1	ST.	AGNES HOS	SPITAL			ural, give lacation)	
					3911 WILKENS		
5. 5		ACE		NEVER MARRIED D, D(VORCED (specify)		ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	FEMALE	WHITE	MIDOME	. U	XXXXXXX 3/11/91	XXX 74	
		NON (Give kind of world ng lile, even il retired)	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
I	HOUSEWIFE				MARYLAND		U.S.A.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NAM		1
		HAMI	LTON ARN	OLD	EMMA J	. STALLINGS	
15. Yes	Was Deceased Eve	r in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	COLTAI	ADDRESS
	NO	yes, g	or servicer	216-03-34567	ST. AGNES HO		1000
-	18. 44 44 =	2 YI		CAUSE O		TON AVE. 2	INTERVAL BETWEEN
	DISEASE O	R CONDITION DI	RECTLY		0	0 1.	ONSET AND DEATH
		DING TO DEATH		(A) (e	rebroveisely	lar Misle	if renterous
		meon the mode of senio, etc. It meons		DUE TO			7
		otion which coused		1/2 1/2	Tetamen 10x	L'orusale	1 1 212
	ANT	ECEDENT CAUSES	3	DUE TO	Color Star Land		Linux
		CONDITIONS, if			de	escure	
	UNDERLYING CO		Storing the	(C)	00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
		11					
0		ANT CONDITIONS O					
SATIO	DISEASE OR CON	IDITION CAUSING	IT.				
ERTIFIC	19A. DATE OF OP	WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	
CER	21 A. ACCIDENT V	VAS UNDERLYING	7 21R	PLACE OF INTERVIOR	n or about 21C. WHERE DID	(If in Baltimore	City, give exact location)
AL	OR CONTRIBUTING	G CAUSE OF	hom elc.)	e, lorm, factory, street, a	fice bldg., INJURY OCCUR?	THE DOMINIOTE	ony, give exoct tocollotti
DIC		onth) (Day) (Year)		INJURY OCCURRED	215 11014 515 1011	104 0 0 0 1100	
ME	OF INJURY	onini (Doy) (Teon		ile At Not Whil	21F. HOW DID INJU	JRY OCCUR?	
	(APPROX)		Wor	rk Al Work			
		t UF(this haspita			1-29	9 66 ta 1 - 29	1966
	that (1) (well las	t saw the decease	ed alive an	1-29	1966 and the	at in (my) (aur) apinl	an death accurred an the date
	and haur and fro	om the causes sta	ted above. (I) (We) (did) (did not) v	iew the bady after death.		
	23A. SIGNATURE	1010,		//-			B. DATE SIGNED
1	Huma	s cem	correll	M.D. Atte	s. Director	Stoff Phys.	ken, 30,1966
V	23C. PHYSICIAN'S NAME (Type)				23D. ADDRESS		
		THOMAS	S C. CIM	ONETTI M.D.	ST. AGNES HOSPIT	AL	/
24A	BURIAL CREMAT	ION, 24B. DATE		AME of CEMETERY of CRE		***	town, or county) (State)
	BURIAL	2/3/66	LOUI	OON PARK CEMET	'ERY BAI	TIMORE, MARY	TLAND
25A	. DATE REC'D BY	HEALTH DEPT.	258. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTOR	,	ADDRESS
	FEB 2	986 (2.0_	1 2 950	Elevina a	HUBBARD FUNERA	L HOME, 410	WILKENS AVE
VS	150-REV. 1/1/65					-	41449



Such

a hospital and

BIRTH NO. 66 010	87	TE OF DEATH	Registered Na.	66 01082
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Bigley, Neil H. A	LSO CORNELIUS H.	2. DATE AN 1/2	b HOUR OF DEATH	9:10 P
FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location)		A. STATE B. COUN MARYLAND C. CITY OR TOWN (If out	M BALTIMORE	institution: residence before odmission RURAL ond give township)
THE JOHNS HOPKINS HOSP	ITAL		urol, give location)	21227
MALE WHITE MAR	RIED (specify)	11-24-08	ost birthdoy)	If Under 1 Yr. II Under 24 Hrs Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work) 108, KIND one during most of working life, even if retired) BUTCHER RETIR		11. BIRTHPLACE (State or forei MARYLAND	gn country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHERS NAME WILLIAM BIGLEY		14. MOTHERS MAIDEN NAM ANNA LITZ	ΛE	
S. Was Deceased Ever in U. S. Armed Forces? Les, no or unknown) (If yes, give wor or dates of servic NO	16. SOCIAL SECURITY NO. 215-09-9726	Mrs. Emma C. Bi	gley, 120 1	ADDRESS Fourth Avenue 21227
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF Subsection (A)	т _{DEATH} arrachnoid He	mmorhage	interval between onset and death 4 hrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givenise to the obove couse (A) stoting UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TIN G			
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No Yes	20B. IF YES, WERE	FINDINGS CONSIDERED
U 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (A PPROX.)	21E. INJURY OCCURRED While At Not While Work At Work	21F, HOW DID INJ	URY OCCUR?	
22. I certify that M (this hospital) attended that M (we) last saw the deceased alive and have and from the causes stated above	n 1/28		1.5	28 9:10 PM 19 66
23A. SIGNATURE	M.D. Atte	nding Med.	Stoff 📉	1/28/66
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	M.D. Ane	Director 23D. ADDRESS	Stoff A Phys. A Opkins Ho	1/28/66
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) E. Eugene Page 24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C.	M.D. After	The Johns H	opkins Ho	1/28/66 Ospital City, town, or county) (Store)

one

VS 150-REV. 1/1/65

3/17/66 - acule Bectonial Endreardities - Explice ambilipation to it Thatmers Comusaive himorrhage front passetal + temprel tokes all ventuiles of brain or subsrachural space Spormalism from autopay report - Filed in Bur of Birstalistics - american Blog of

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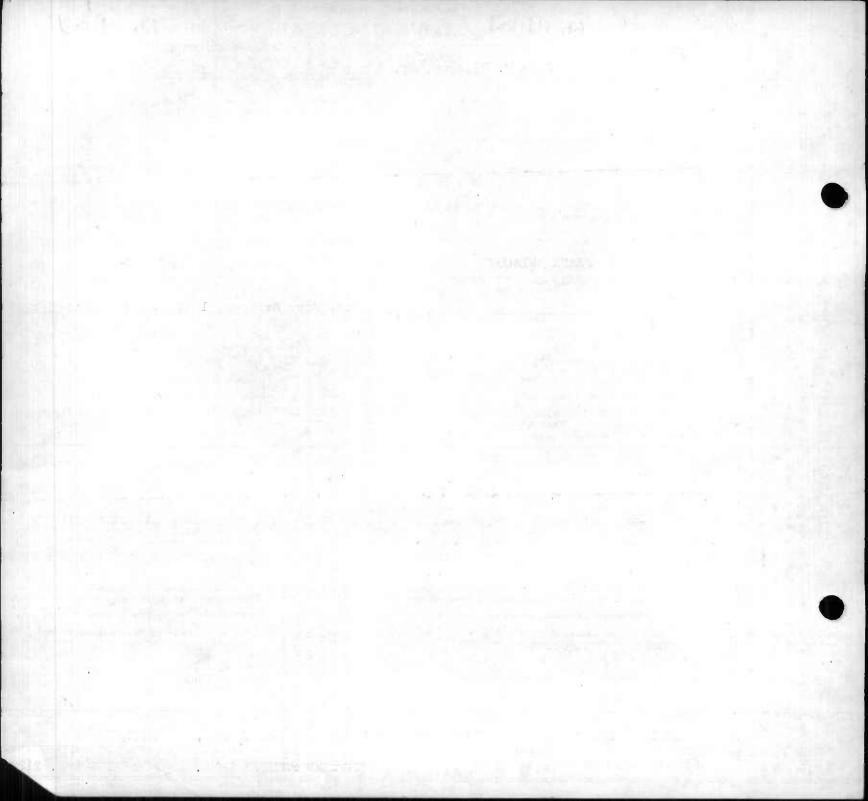
V\$ 150-REV. 1/1/65

1966

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	HEALTH DEPARTMENT				
83 CERTIFICA	TE OF DEATH Regis	stered No. 66 01083			
	2. DATE AND HOUR	OF DEATH			
F. Briscoe, Sr.	VALUAR	128,1966 6:40 P.M.			
	A. STATE B. CDUNTY	d lived. Il institution: residence before admission)			
tion, give street	C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
tospital	Bartimone				
7.7.2	1847 al. Rugelle	locotion) 21223			
RIED, NEVER MARRIED OWED, DIVORCED (specify)	5/30/85 lost birthd				
D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country Mark 4/and	12. CITIZEN OF WHAT COUNTRY?			
	14. MOTHER'S MAIDEN NAME				
COE	MARGARET	MARGARET			
1 6. SOCIAL	17. INFORMANT	ADDRESS			
	Hospital Chak	1847 W. Fayette Street #			
	Mrs. Mary Briscoe,	1847 W. Fayette Street #			
		ONSET AND DEATH			
Adel	occurcinome of pro	state ciprox- 2 years			
e.g., DUE TO LL	ille mo Histusis -				
(6)	SE MUCHERON -				
The (C)					
THE Astopingo A	a the considering reales	disease			
WHICH OFERATION	IN CER	TES, WERE FINDINGS CONSIDERED			
21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID (I ffice bldg., INJURY OCCUR?	f in Boltimore City, give exact locotion)			
21E INJURY OCCURRED	21F. HOW DID INJURY OCC	U R?			
led the deceosed from	1/04. 22 1966	10 Junuary 28 1966.			
on January	22 19 66 and that In (my	(our) opinion death accurred on the date			
ve. (I) (We) (did) (did not) v		Assessment			
or (., (, (a.a) (a.a)	Dody oner deam.				
		238 DATE SIGNED			
M.D. Atte		238. DATE SIGNED 28/66.			
M.D. Atte	And Med. Stoff Phys. 23D. ADDRESS The Man to be lib St.				
M.D. Atte	23D. ADDRESS To Man to bollo St.				
Att. Phy	S. Director Phys. 223D. Address To Min to bello St. EMATORY 24D. LOCATION	January 28/66. ate 1+05pital. (City, town, or county) (Stote)			
	CERTIFICA ST. Briscoe, Sr. Sion, give street ASPITAL RIED, NEVER MARRIED DWED, DIVORCED (specify) WHOLE OF BUSINESS OR INDUSTRY COE ice) 16. SOCIAL SECURITY NO. 2/3 07 5383 CAUSE OF DUE TO UNING THE AFTERIOSCIA FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, oeto.) 21E. INJURY OCCURRED While AI Not While Work ded the deceosed from work led the deceosed from led the deceosed from	RIED, NEVER MARRIED DWED, DIVORCED (specify) A. USUAL RESIDENCE (Where decease A. STATE B. CDUNTY MARY Land C. CITY OR TOWN (If outside city In the property of the control of the contr			

25C. FUNERAL DIRECTOR ADDRESS HUBBARD FUNERAL HOME. 4107 WILKENS AVE.



Charles R. Law ,802 Madison Ave.

and or the second 25,1 34 2 2012 4 A- b. consi. ... mite of pull 215-4 - 5114- - Ho.P. 30 WHILL. a trapin bubbliops, stronded t dysen. Learner Liberton 5 chinigram, 1 and the place of the state of t the same months of the land and the

1			1 11	BALTIMORE CITT	EXCIT DEL ARTHEIT		00 04 505
	BIRTH NO.	66	BIOSMEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No.1085

BIRT	н но. 66	BILL	MEDI	CAL EX	AMINER'S CI	ERTIFICA	TE OF	DEATH Register	Ped Na. 1110.)	
_	CASE NO.						1			
(Ty	name OF DEC	EASED	77.7.		· · · 1 C · · · · 1		2. DATE AN	D HOUR PRONOUNCE	0.1.5	
Walter Woolford 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						1/27/66 8:45 p. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence belore admission) A. STATE B. COUNTY				
J. I	EACE III DAEI	IIIIOKĘ INIAI	TEAND, W	TERE TROMOC	NCLD DLAD	A. STATE		•	NTY	
HO	L NAME OF SPITAL OR TITUTION		IN HOSPITA		TION, GIVE STREET	C. CITY OR TO	Marylar	le corporate limits, write	RURAL ond give township)	
							Ва	altimore	506	
1						D. STREET ADD	RESS (If rural,	, give location)		
-		rovider	it Hosp		NICKED ALABAGE	0.000	3403 W	albrook Ave.		
5. S	EA	6. RACE			NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.				
	male	colore			rried	2-18-		72		
done	during most of v	vorking lite, ev	s kind of work en if retired)	IOE KIND OF	BUSINESS OR INDUSTRY				12. CITIZEN OF WHAT COUNTRY?	
12 1	Taverne TATHER'S NAM		ger			Baltimore, Maryland U.S.A.				
13.1	AINERS NAM	Unkn	own			Mar		ic.		
	WAS DECEASE				16. SO CIAL	17. INFORMANT			ADDRESS	
(Yes	, no or unknown)				SECURITY NO.	D. 11 T	11. 20	1 2/02 11	220-1-1-1-1	
-	Yes	0.1	WWI		219-01-1907	OF DEATH	MOOTI	ord, 3403 Wa	INTERVAL BETWEEN	
Н	E70	811	 		CAUSE	OI DEATH			ONSET AND DEATH	
	DISEAS	LEADING	TO DEATH	RECTLY	Gunsho	t wound	of chest	t, involving	heart	
	heart failure,	(This does not mean the made of dying e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
	DISEASES	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO								
_	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.									
Ö		1			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
CERT.	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED					20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
MEDICAL	21 A. EXTERNAL	OR CONTRI	AS B-		PLACE OF INJURY (e.g., i			(If in Boltimore City, give	ve exact lacotion)	
EDI	UTING CAU			etc.)	parking lot	Bet	tween M	adison and E	utaw Sts.	
2	21D TIME OF INJURY	(Month) (1E. INJURY OCCURRED			URY OCCUR?		
	(APPROX.)	1 27	66 8	3:00p w.	VHILE AT NOT YORK AT W		ot in c	hest		
	22. 1 cert	lify that i h	eld an li	nquiry 🗌	Inspection Aut	apsy 🗴 an	d that an th	is basis, death in m	ny apinian	
	resul	resulted fram: Natural causes Accident Suicide Homicide W Undetermined manner								
		ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED								
	SIGNAT	URE_M	brus	N.	M.D.	ASSISTANT M	EDICAL E	XAMINER 🔀		
	EXAMIN	ER'S Wes	rner U	. Spitz	, M.D.	ASSOCIATE A	MEDICAL E	XAMINER	1/28/66	
23A	NAME ("		B. DATE	23	C. NAME of CEMETERY .	CREMATORY	23 D. L	OCATION (City,	town, or county) (State)	
	Buria]	1)				Berge N		Baltimore, M		
24/	DUL'TA		2-1-66 DEPT.	248, NAME	Baltimore Nat	24C. FUNER	AL DIRECTOR		ADDRESS	
			3							
1/2	FEB	2 196	500	9. 0	Fall us	THE C	naries	It. Law, OUZ	2 Madison Ave.	
VI	131 * KEV. 1/1/	02 4 / 6	and the same	WE 13 " !	2 / 2 2 / 3		6 3			

The second of th When In Born . W northest Size of which the extension was

M.E. CASE NO.

BIRTH NO.6 1	111186 MED	ICAL EX	(AMINER'S	CERTIFICATE OF		ered No.
M.E. CASE NO.	ECEACED			IO DATE AN	D HOUR PRONOUNG	CD DEAD
(Type or Print)		R. JONES		Jan	uary 27, 19	10:20 A
3. PLACE IN BA	LTIMORE, MARYLAND, V	VHERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If ins B. CO	titution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITU	UTION, GIVE STREET	Maryland c. CITY OR TOWN (If outside	e corparate limits, writ	e RURAL and give township)
1.1				Baltimor		0 101
Unio	on Memorial H	ospital		D. STREET ADDRESS (II rural,	nwood Rd.	
s. sex male	6. RACE white		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH June 3, 1951	9. AGE (In years last birthdoy)	II Under 1 Yr. II Under 24 Hrs Manths Days Hours Min.
done during most of	CUPATION (Give kind of wo working life, even if retired)	THOR KIND OF		TRY 11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA		1		14. MOTHER'S MAIDEN NAM	E	
W	alter T. Jane	25		(harlotte A.	Dunn	
(Yes, np, ar unknaw	SED EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			-	Walter T. Jones	5-1928 Burni	vood Road
DISEASES RISE TO T UN DERLY OTHER SI	inct mean the made a cep, astheria, etc. It mean complication which coused ANTECENDENT CAUS SOR CONDITIONS, IS THE ABOVE CAUSE (A) SON CONDITION LAST. II GNIFICANT CONDITION OF ROR CONDITION ROR CONDITION CAUSIN OR CONDITION CAUSIN OR CONDITION CAUSIN	is the disease, death.) SES ANY, GIVING THE S CONTRIBUTII ELATED TO T	(B)	n monoxide poisoni conflagration		
	OF OPERATION 198, CO		WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE F	
UNDERLYING CA	AL CAUSE WAS SIXOR CONTRIB- LUSE OF DEATH.	home etc.)	home	affice bldg, INJURY OCCUR?	nwood Rd.	give exact location)
OF INJURY (APPROX.)	(Manth) (Doy) (Ye) 1 27 66	2A V	WHILE AT NO		n housefire	
22. I ce	ertify that I held an		Inspection X		is basis, death in	my apinian
	ulted fram; Natocal co			ide Hamicide		
ACTU	AL V	rejen		CHIEF MEDICAL EX	AMINER	DATE SIGNED
	INER'S Rudige	r Breite	necker, M.D.	ASSOCIATE MEDICAL E	XAMINER	1-27-66
23A. BURIAL CR REMOVAL (Spec	REMATION, 23B DATE	23	C. NAME OF CEMETER			Manuland (State)
	D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIRECTOR	Duvidio/ce	Maryland ADDRESS
	B 2 1966 ().	0.6:2	Farlana	John C. Mille	er Inc-6415	Belair Road 21200
VS 151-REV. 1/1	1/65	1 7 5	000	0 0 8 5		

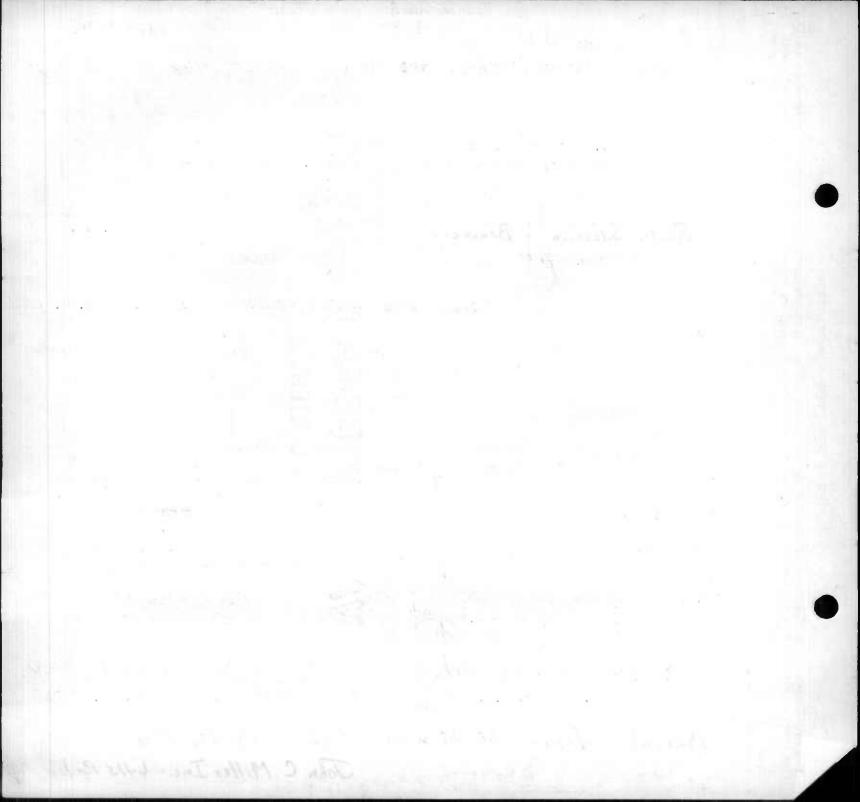
ino

Walter T. Jines

10

Charlotte A. Dunn

Walter T. Jones-1928 Burnwood Road



24C. FUNERAL DIRECTOR

248 NAME OF REGISTRAR

24A, DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65

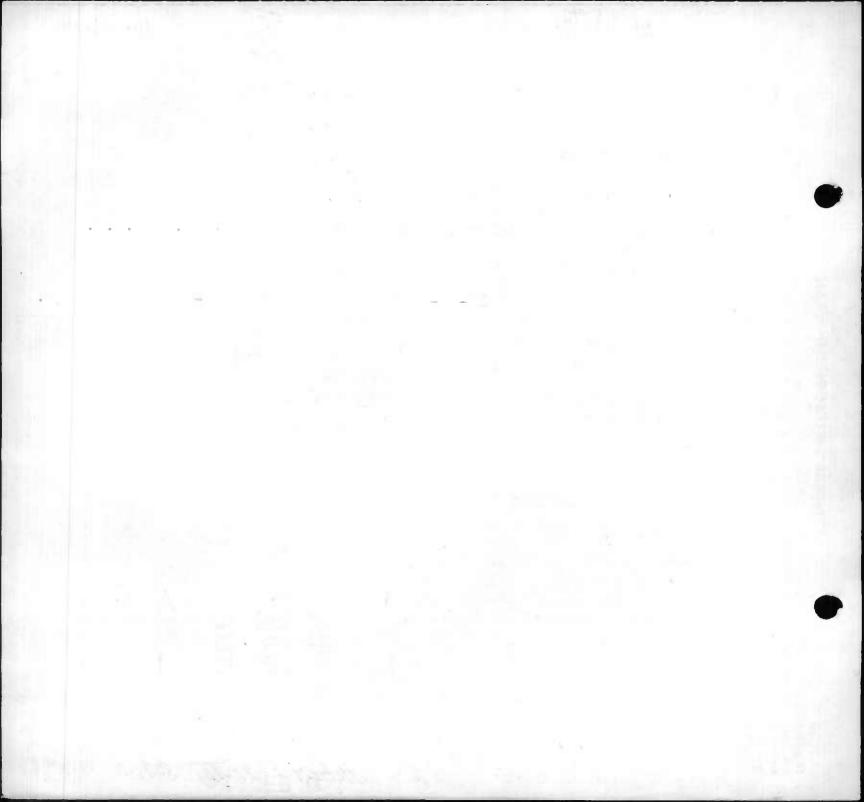
V.s. 153 2-7-66 M.H.

00V-T

66	01089		BALTIMORE CITY HEA	LTH DEPARTMENT		66 0	1089
BIRTH NO.	MED	ICAL EX	AMINER'S C	ERTIFICAT	E OF DEATH Reg		
M.E. CASE NO.							
1. NAME OF DEC		LBUR 3	TALLEY	(WILBERT)	January 31,		4:30 A.
3. PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	I A STATE	NCE (Where deceased lived. If	institution: residence	e belore odmission)
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	ITION CLVE STREET	Mar	cyland		
HOSPITAL OR	ADDRESS OR LOCA	(TION)	THON, OTTE STREET		N (If outside corporate limits,	write RURAL and	give township)
1	T COMPANIE AND TH	OGDIMAT			ltimore	15-4	/
0	LUTHERAN H	OSPITAL			ss III rurot, give locotion) 14 Windsor Avenu	ie	
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRTH	9. AGE (In ye	Months Do	Yr. II Under 24 Hrs.
Male	Negro	Marrie	_	2-14-192		177.011.11.0	110013
	UPATION (Give kind of world	TOB. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (S	tote or foreign country)	12. CITIZEN	
Mould 13. FATHER'S NAM	working life, even if retired) ET ME	Armco	Steel Co.	Palmer	Spring Va.	U.S.	A.
Gnan	son Talley			Paul W			
15. WAS DECEASE	ED EVER IN U.S. ARMED		16. SOCIAL	Perl M	aggie	ADDRESS	
(Yes, no or unknown	(II yes, give wor or dote	s of service)	219-10-5540	Mrg. T.	ucille C. Talle	2017 M4	ndeon Ave
18. // 6	A	_		E OF DEATH	dollie of laile		TERVAL BETWEEN
400	11/- 1		CAUS	L OF BLAIN			SET AND DEATH
DISEA	SE OR CONDITION DI LEADING TO DEATH	RECTLY	Acut	e coronary	artery thoombos	sis	
heart failure	not mean the made of c, asthenia, etc. It means implication which caused	dying, e.g.,	DUE TO				•••••
						7 14 4 7 7 5	
	OR CONDITIONS, IF A		(B)DUE TO				
RISE TO TH	HE ABOVE CAUSE (A) S'	TATING THE	DOE 10				
	NG CONDITION LAST.		(C)	•••••			
2	ll ll						
OTHER SIG	INIFICANT CONDITIONS						
E DISEASE O	DEATH BUT NOT RE		Ht				
CERTIFICATION OF THE CATON	F OPERATION 198. CON WAS PER		WHICH OPERATION	20A. AUTOPSY?		RE FINDINGS CONS CAUSES OF DEATH	
21 A. EXTERNA	CAUSE WAS		PLACE OF INJURY (e.g.,		HERE DID (If in Boltimore Cit	y, give exact locati	on)
UTING CAU	JSE OF DEATH.	etc.)	, form, loctory, street,				
OF INJURY	(Month) (Doy) (Yeo		IE. INJURY OCCURRED		W DID INJURY OCCUR?		
(APPROX.)		m. V	VHILE AT NOT	WHILE D			
22. I cer	tify that I held an I	ngulry 🗌	Inspection Au	ntopsy 🔀 ond	that on this basis, deoth	In my opinian	
resul	Ited from: Notural co	uses X A	coldent Suicio	Party Control			
					DICAL EXAMINER		
ACTUA		1	1		DICAL EXAMINER	£.	DATE SIGNED
SIGNAT) NIN	М. Г		and the same of th	1-	31-66
HAME (11 S. F	isher, M.D.	ASSOCIATE ME	DICAL EXAMINER		
23A, BURIAL CRE REMOVAL (Specif	MATION, 238 DATE		C. NAME of CEMETERY	er CREMATORY		City, town, or coun	
Buris 24A. DATE REC'D		248. NAME	Mt. Auburn OF REGISTRAR	24C. FUNERAL	Baltimore	, Maryland	RESS
FEB 2	1985 (0 0	0 7.	0 44	The	Charles R. Law,		
VS 151-REV. 1/1/	/65	1 47	attempt to the second	0 1 0	0 0		

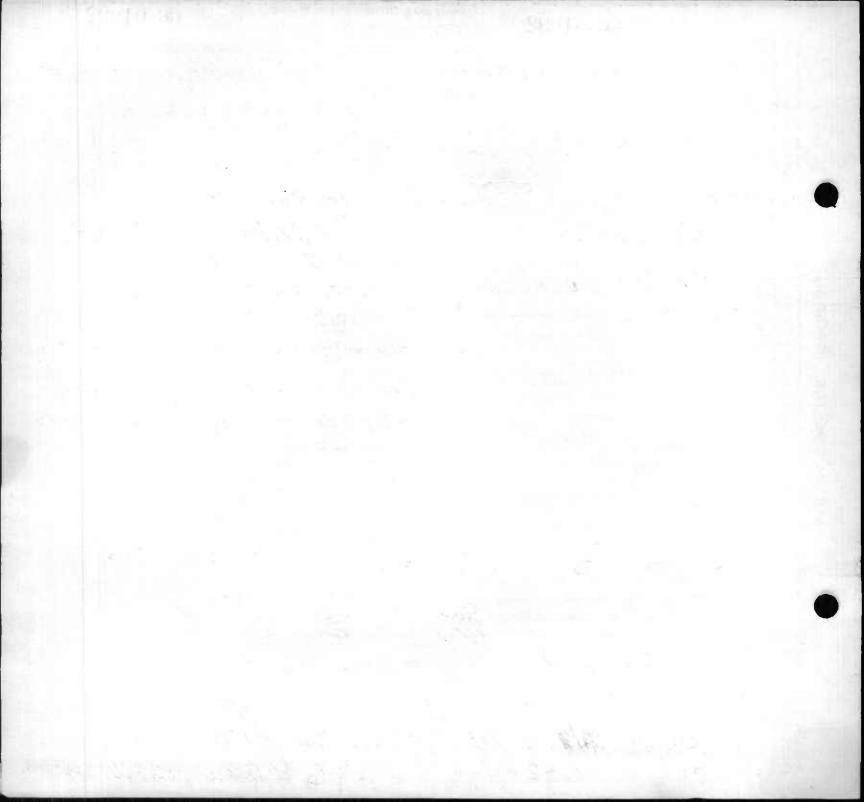
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	0001000	BALTIMORE CITY	HEALTH DEPARTMENT	
	ин но. 66 01090	CERTIFICA	TE OF DEATH Registered No.	66 01090
1,1	E CASE NO.		2. DATE AND HOUR OF DEATH	11-110
	pe or Print) Linsay, Pe	ar	6-45 AM	11/30/66 N
3.	PLACE OF DEATH IN BALTIMORE, MA	RYLAND	A STATE B COUNTY	stitution: residence before admission)
	FULL NAME OF (If not in hospital oddress or location	or institution, give street	Maryland	15 703
/	INSTITUTION	,	C. CITY OF TOWN (If outside city limits, write & Baltimore	RURAL and give township)
9			D. STREET ADDRESS (If rurol, give location)	
	Provident Hospita	.1	2104 Presbury Street	
	Female Colored	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Separated	B. DATE OF BIRTH 9. AGE (In years lost bigHyday) 02	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work ne during most of working lile, even if retired)		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
	Teacher	Public School	Anne Arundle Co. Md.	U.S.A.
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	George Carr		Sarah Hawkins	
5.	Was Decoased Ever in U. S. Armed Fores, no or unknown) (If yes, give wor or dote		17. INFORMANT	ADDRESS
	7007 970 1010	216-16-6651	Clarence Mitchell-210	4 Presbury St
	18. / 5 - / X	CAUSE O	F DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIR	ECTLY		ONSET AND DEATH
	LEADING TO DEATH	dving e.g. DUE TO	eoryosarcoma co	,
4	heart failure, osthenia, etc. Il means injury ar camplication which caused	the disease,	stomach.	
	ANTECEDENT CAUSES	(B)	Metastosis in Abd	men
	DISEASES OR CONDITIONS, if	00 2 10		,
	rise to the above cause (A)		and Qiver	
	UNDERLYING CONDITION last.			
Z	OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING		
ATIO	TO THE DEATH BUT NOT RELA			
TIFIC	19A. DATE OF OPERATION 19B. CON	DITION FOR WHICH OPERATION ORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
CERT		21B. PLACE OF INJURY (e.g., i	an about 21C WHERE DID	City, give exect location)
7	OR CONTRIBUTING AUSE OF	home, form, foctory, street, of		City, give exect locement
		4	21F. HOW DID INJURY OCCUR?	
ME	OF INJURY .	While At Not While	11	
	(APPROX.)	Work L At Work	12/1/	12011
	22. I certify that (1) (this haspital	1120/11	128/06/19/10/	1 50/669
	that (I) (we) last saw the decease	11 -100	19 and that in(my) (aur) api	nian death accurred on the dat
	23A. SIGNATURE	ed above. (I) (We) (did) (did nat) v	view the body after death.	23 B. DATE SIGNED
	(/flm or	Phy		1/30/66
	NAME (Type)	mday m.o.	provident Host	BALL mode
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or CR	EMATORY 24D. LOCATION (Ci	ly, town, or county) (State)
0.0	Burial 2/3/6		Cemetery Baltimore Ma	
25	A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
V.5	150-REV, 1/1/65 ·	MOCH C. Accordance	TEBEST & Skiller S	USS W. JANOS CAN
۸.2	130-KEV, 1/1/03	, , , ,		





	1 00	BALTIMORE CITY	HEALTH DEPARTMENT	ee	01092
- 11	BIRTH NO. 66-01092	CERTIFICA	TE OF DEATH	Registered No.	CITCLE
	M.E. CASE NO. 1. NAME OF DECEASED	,		D HOUR OF DEATH	
	(Type or Print) MARY TRE	97.1eR	1/28	7 /66	11:55 A M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whore	deceased lived. If insti	tution: residence before admission)
	FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location) INSTITUTION		MARUL	FAM deside city limits, write RU	RAL and give township)
	a de sa Mashingti	on CARVEN	BALTim	ORE	
	O George washing to	fome	D. STREET ADDRESS (IF III	urol, give locotion) +AW /	PLACE
		ED, NEVER MARRIED	B. DATE OF BIRTH	ost bjældday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	remale Negro	WiDowed	10-12-1881	84	
- 11	10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto or torois	in country)	12. CITIZEN OF WHAT COUNTRY?
	Homemaker		VIRGIAII	7	U.S.H
3	13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	1E	
	William Gregor	4	martha.		
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yos, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT IR GEN	ua Jores-	190 ADDRESS TAW PA
	XA	-nne	ChART#5	90 60	of Honna Ave,
	18. 44 4 3 XI	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
,	DISEASE OR CONDITION DIRECTLY	72	1 R		T 1. LO V C
	(This does not mean the made of dying, e	(A) Dro	ncho Theymo	nia	10040
	heart failure, asthenia, etc. II means the disea injury ar camplication which coused death.)		1 , 21		S
	ANTECEDENT CAUSES	(B) Cer	repral Hemoo	nrhage	2 Hraps
	DISEASES OR CONDITIONS, if any, giv	ing DUE TO	rebral Hemoo 15 C Vascular	T	11/2
5	rise to the abave cause (A) stating		1) CVascular	1150058	19 Moura
	UNDERLYING CONDITION last.				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING			
-	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FIN	IDINGS CONSIDERED
0	21A. ACCIDENT WAS UNDERLYING	OLD DIAGE OF INTHEWA		(tt : B tc - 4	
	OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., in home, form, fectory, street, of etc.)	ffice bldg., thjury occur?	(If in Boltimore C	City, give exact location)
3	OF INJURY (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
3	(APPROX)	While At Not Whit At Work			
	22. I certify that (I) (this hospital) attende		1771/9	963 10	19
	that (I) (we) lost saw the deceased alive a	in Jan. 27	19 CC ond the	of in(my) (out) opinio	on deoth occurred on the dote
	and hour and from the causes stated above	. (14 (We) (did) (did not) .	view the body after death.		
	23A. SIGNATURE			2	3B. DATE SIGNED
	EG HOLT	M.D. Atte		Stoff Phys.	
	23C. PHYSICIAN'S (The second	/	23 D. ADDRESS	1/	
2	FIE /10/7	M.D.	3715 Liberty	1875. Ave	
3	24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CRI	EMATORY 24D. LO	CATION (City.	town, or county) (Stote)
	Touris 2/1/6/2	not auli	In Com B	10th, /	Karulan 2
		NE OF REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS
	FEB 3 1966 (0 . 5 2 3	2. Cours	Carla Stell	mare - 18:	27 W. Korth G.
1.1	VS 150-REV. 1/1/65				



Such

death.

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prior

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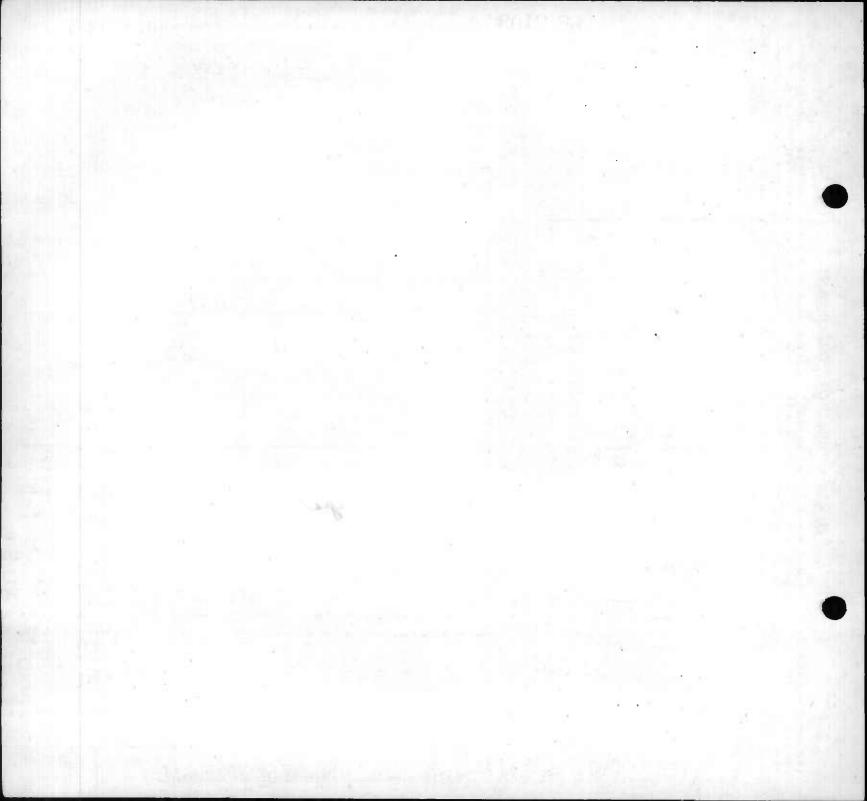
attendance

and

hospital

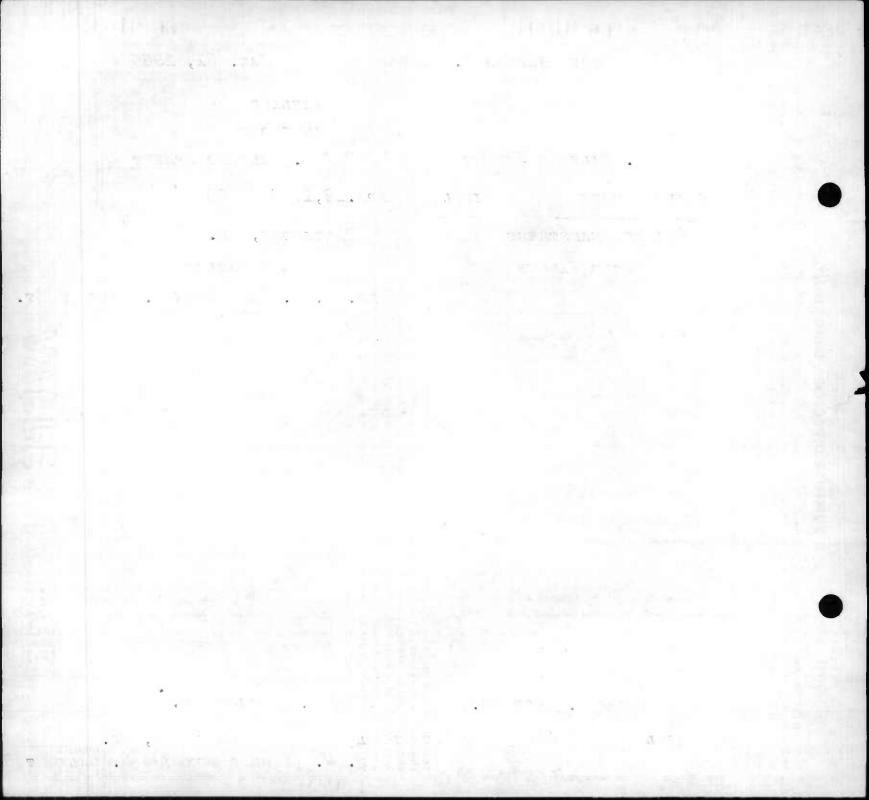
2.

BALTIMORE CITY HEALTH DEPARTMENT 66 01093 Registered No. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 2 February 66 MARSHALL Babu 4. USUAL RESIDENCE (Where deceased lived. If institution: residence Office admission)
A. STATE B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND BALTIMORE White of the series and the series FULL NAME OF HOSPITAL OR N BROADWAY C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION BALTIMORE D. STREET ADDRESS (If rurol, give location) 21205 1035 DELEANS 21205 made If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min. 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) B. DATE OF BIRTH 9. AGE (In years 5. SEX 6. RACE lost birthday 166 31 JAN 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) BALTIMURE USA NA MA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME RUSSELL MARSHALL L.GWIJ 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. MOTHER (via chart. CAUSE OF DEATH INTERVAL BETWEEN 1B. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY PREMATURITY LEADING TO DEATH 2 days (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? Wes or No! WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner NA MEDI 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work 31 Jeannary rebruam 22. I certify that (1) (this hospital) attended the deceased fram. 19 66 2. February 19 66 that (1) (use) last saw the deceased alive an. ...and that In(my) (our) opinion death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 238 DATE SIGNED 23A. SIGNATURE Attending Phys. 2 FEBRUARY 1966 23C. PHYSICIAN'S 23D. ADDRESS BROADWAY NAME (Type) LEFFLER A.T. ~ OHNS 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) REMOVAL (Specify) The Johns Hokkins Hos. Baltimore, Maryland ADDRESS PROBINER 125C. FUNERAL DIRECTOR Cremation 2-2-66 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR VS 150-REV. 1/1/65



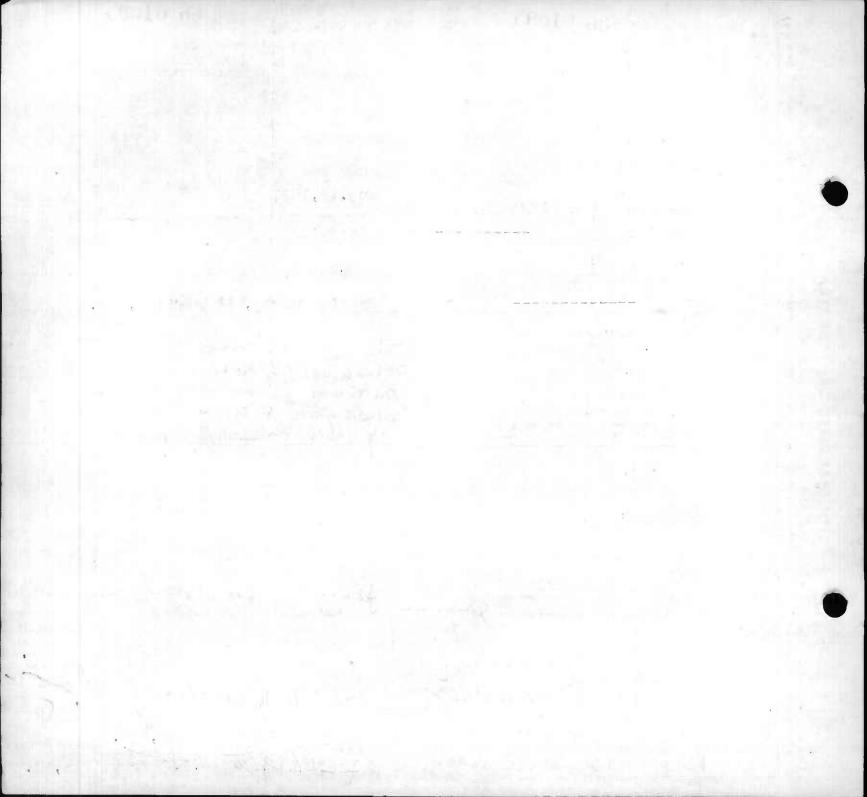
IMPORTAN DIRECTOR: FUNERAL

and that in(my) (aur) apinian/deoth occurred an the dote 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR MEARS ADDRESS VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

- 4100	BALTIMORE CI	TY HEALTH DEPARTMENT	66	01095
BIRTH NO. 66 0105	CERTIFIC	ATE OF DEATH	Registered No	OTHOU
M.E. CASE NO. 1. NAME OF DECEASED		V	HOUR OF DEATH	
(Type or Print)	0/./11/		ARY 24-	61 1/39
3. PLACE OF DEATH IN BALTIMORE, MARYLA	AND //	4. USUAL RESIDENCE (Where	deceased lived. If in:	stitution: residence belore odmission)
	1	A. STATEM DE COUNT	Y	0.6
FULL NAME OF (If not in hospital ar in HOSPITAL OR oddress or location)	stitution, give street	C. CITY OR TOWN (If guts	70.	alex
INSTITUTION		C. CITT OR TOWN (III duis	ide city limits, write k	URAL and give township)
Lincoln Memer	Pia Nuesing	D. STREET ADDRESS (If ro	ral, give location)	0/-90
Home 27. N. CA	Rey Street.	KRRYVille	MAI	Ryland
	WARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	7 10	AGE (In years	Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 10 B.	KIND OF BUSINESS OR INDUST	Aug. 12, 1897 RY 11. BIRTHPLACE (Stote or lareig	n country)	12. CITIZEN OF
done during most of working life, even if retired)	, 111, 50, 500111233 011, 111, 50311	ar the state of the contact of	ii oodiiiy,	WHAT COUNTRY?
Housewife		Georgia		HMERICA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	l E	
James Manuel		Unknown		
15. Was Deceased Ever in U. S. Armed Faices?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknawn) (II yes, give war at dotes of		7	_	
No	No	Jessie DuPree	, Perryvi	
18.334XI	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECT	TLY (1 =	t colo	111	
(This does not mean the made of dyi	no. e.g., DUE LO.	vong 5 cm	was)
heart failure, asthenia, etc. It means the	disease,	Hustoles RX	Herri	
injury ar camplication which caused dec	ith.)	e- Not con		
ANTECEDENT CAUSES	(B)	zarleig	×	
DISEASES OR CONDITIONS, if any,		provine Bi	rain	0
rise to the above cause (A) sta UNDERLYING CONDITION last.	ling lhe (C)	SUNDANDANI	N BAIR	£8000000000000000000000000000000000000
		- 7 110 (11 000 00	TIM	1005/5
OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING		,	
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
	ON FOR WHICH OPERATION	[20 A. AUTOPSY? (Yes or No)]	20B. IF YES. WERE F	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITI	MED		IN CERTIFYING CAL	JSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.	, in or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	hame, form, factory, street,	affice bldg., INJURY OCCUR?		
<u>U</u>		1010		
OF INJURY (Month) (Doy) (Year) (H	21E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
(APPROX)	While AI Not W		1 1 -	11
22. I certify that (I) (this hospital) at	tended the deceased from	Jany 11	bet in Da	n 24 1066
	00-11-7-4	1966 and the		
that (I) (we) last sow the deceased a	//		tin(my) (oder) apir	nion deoth occurred on the do
and haur and from the couses stated	above. (1) (We) (did) (did not)) view the bady ofter deoth.		
23A. SIGNATURE	P			23B DATE SIGNED
IN NAW	M.D. &	hys. Med. Director	Stoll Phys.	1/2/166
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1 1-	
NAME (Type)	Chrison M.	D. 410371101	anta	130 Baltimor
OLD BURNEY COMMANDER OF THE PROPERTY OF THE PR		1 / U linea	CO COS	Ky Md,
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY or C	LKEMATORT 24D. LO	CATION (Cit	ly, tawk, or county) (Stole)
Burial 1/28/196	56 Jones Memori	al Cemetery Po	rt Deposi	t. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B	NAME OF REGISTRAR	GC, ENNERAL DIRECTOR	211	ADDRESS
FEB 3 1966 @ 2 5 8	STOWN OF THE	Dee U. Va	(Clanot)	PerryvillemMd
VS 150-REV. 1/1/65	7 1 0 11 ()	0 10 9 1		



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FUNERAL DIRECTOR: IMPORTANT	4 5 P
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	P. A. A.
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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RTH NO. 66-02385 LE CASE NO.	CERTIFICA	TE OF DEATH Registered Ref	01096
NAME OF DECEASED	CHARLES FRED	ERICK 2. DATE AND HOUR OF DEATH	6:10 P.M.,
FULL NAME OF HOSPITAL OR INSTITUTION ST. AGNES HO			HOWARD
	D. DIVORCED (Specify)	B. DATE OF BIRTH 1/27/66 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108, KIND Of one during most of working life, even if refired) NONE 3. FATHER'S NAME	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BALTIMORE MA 14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?
CHARLES MILLER		ANNA MARIE DODSON	
5. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT ST. AGNES HOSP. RECORDS	BALTIMORE, MI
CONTER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(B)	ensturity	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1218		20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21E 21E	ne, form, foctory, street, of	n or obout 21C. WHERE DID (If in Boltimore (fice bldg., INJURY OCCUR?	City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E		1/27/66 1/	30/66
that (I) (we) lost saw the deceased alive on and hour and from the couses stated above. (23A SIGNATURE A SIGNATURE 23C/PHYS/CIAN'S	JANUARY 30 I) (We) (did) (did nat) v M.D. Atte	iew the bady after death.	on death accurred on the d
4A. BURIAL CREMATION, 24B. DATE 24C.N REMOVAL (Specify) BURIAL 2-7-66 5	AME of CEMETERY OF CRI	24D. LOCATION (City. ELLICOTT C 25C. FUNERAL DIRECTOR TEHROLOGIADOTHOM, ELLIC	town, or county) (Stote City Md ADDRESS TT City MO

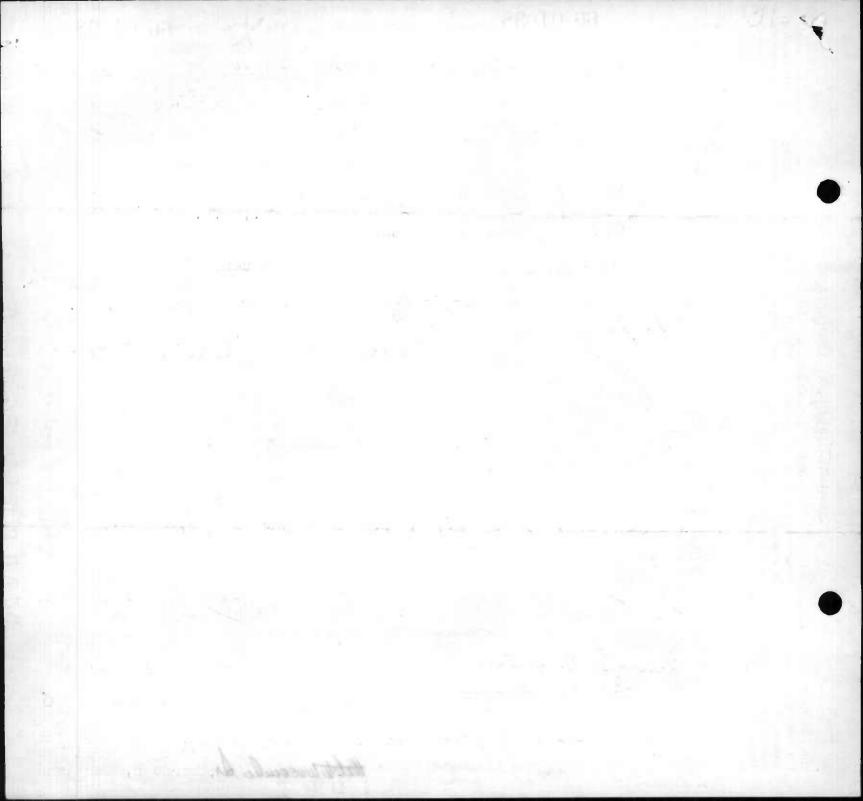
3.	PLACE OF I	John O.	Menchy	- MENCHEY		n. 29, 1966	7 I
0	HOSPITAL O			Pro Steel 14-66		outside city limits, will	e RURAL and give lawnship)
	4704 Pa	rk Heights A	ve.		4704 Park He	HANNA AND AND A	
	S EX	6. RACE	WIDOWE	D, NEVER MARRIED D, DIVORCED (specify) arried	S. DATE OF BIRTH July 7. 1894	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under Months Days Haurs
dor	contra		ed)		on westminister,	Md.	12. CITIZEN OF WHAT COUNTRY?
	FATHERS N				GIADON ATTENTO	Verdie	Barnhart
(Ye	Was Decea s,no ar unkno	sed Ever in U. S. Armed own) (If yes, give war ar	Farces? dotes al service)	16. SOCIAL SECURITY NO. 212 07 7724	17. INFORMANT Menche	7 213 4704 Park	ADDRESS Heights Ave
	18.46	20,11			OF DEATH		INTERVAL BETWO
		EASE OR CONDITION LEADING TO DEAT s not mean the mode	тн	(A)	Commany To	lombers	Sudden
	heart failu	re, asthenia, etc. It med camplication which cause ANTECEDENT CAUSE	ans the diseose sed death.)	,	Carchio Voventon	Mores	ign
	rise to	OR CONDITIONS, lhe above couse (, ING CONDITION last.	if any, giving	DUE TO	Carchio Voscular anguna Pre	Fau	74-
ATION	other sign	OR CONDITIONS, The above couse (if any, giving A) staling the S CONTRIBUTING ELATED TO T	1G		Tous	
◀	OTHER SIG	OR CONDITIONS, The above couse (ING CONDITION Tast. II GNIFICANT CONDITIONS DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION [198. C	if any, giving A) staling the S CONTRIBUTING ELATED TO T G IT.	1G		No) 208. IF YES, WEI	7 9,
CERTIFICA	OTHER SIGN THE DISEASE (19 A. DATE	OR CONDITIONS, The above couse (ING CONDITION Tast. II GNIFICANT CONDITIONS DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION [198. C	if any, giving A) staling the S CONTRIBUTIN SELATED TO T G IT. ONDITION FOR PERFORMED	WHICH OPERATION B. PLACE OF INJURY (e.g. me, larm, factory, street,	us 3 clowns	No) 208. IF YES, WEI	7 ym
◀	OTHER SIGN TO THE DISEASE (19A. DATE OR CONTROLLE)	OR CONDITIONS, The above couse (ING CONDITION Tast. II GNIFICANT CONDITIONS DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION 198. C WAS I DENT WAS UNDERLYING IS CAUSE OF Lifty medicol exominer) (Month) (Doy) (Ye	if any, giving A) staling the CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION C	WHICH OPERATION B. PLACE OF INJURY (e.g. me, larm, factory, street,	20A. AUTOPSY? (Yos or long), in or obout 21 C. WHERE DID affice bldg., 21 F. HOW DID IN	No) 20B. IF YES, WEI IN CERTIFYING (2 grs RE FINDINGS CONSIDERED CAUSES OF DEATH?
EDICAL CERTIFICA	OTHER SIGNO THE DISEASE (19 A. DATE DEATH (no Finjury (APPROX.)	OR CONDITIONS, The above couse (ING CONDITION Tast. GNIFICANT CONDITIONS DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION 198. C WAS UNDERLYING ISTORY (Month) (Doy) (Ye of the country of the count	if any, giving A) staling the S CONTRIBUTIN SELATED TO T G IT. ONDITION FOR PERFORMED G 21 ho etc on) (Hour) 21 W W witel) ottended assed olive on.	WHICH OPERATION B. PLACE OF INJURY (e.g. me, larm, factary, street, e.t.) E. INJURY OCCURRED hile At Not Work At Work The deceosed from	20A. AUTOPSY? (Yes or affice bldg., INJURY OCCUR? 21F. HOW DID IN	No) 20B. IF YES, WEI IN CERTIFYING ((If in Bolting of the control of the contro	2 Grante Pindings Considered Causes of Death?
EDICAL CERTIFICA	OTHER SIGNO THE DISEASE (19 A. DATE DEATH (no Finjury (APPROX.)	OR CONDITIONS, The above couse (ING CONDITION Tast. CONDITION TAST. CONDITION TO RESERVE (CONDITION CAUSING OF OPERATION TO CAUSING OF OPERATION TO CAUSING OF OPERATION TO CAUSE OF CAUSE	if any, giving A) staling the S CONTRIBUTIN SELATED TO T G IT. ONDITION FOR PERFORMED G 21 ho etc on) (Hour) 21 W W witel) ottended assed olive on.	WHICH OPERATION B. PLACE OF INJURY (e.g. me, larm, factary, street, e.t.) E. INJURY OCCURRED hile At Not Work At Work The deceosed from	20A. AUTOPSY? (Yes or an arrange of the state of the stat	No) 20B. IF YES, WEI IN CERTIFYING ((If in Bolting of the control of the contro	2 Grante Pindings Considered Causes of Death? Tore City, give exact location)
EDICAL CERTIFICA	OTHER SIGNATE OF INJURY (APPROX.) 21 A. SIGNA 23 C. PHYSIG	OR CONDITIONS, The above couse (ING CONDITION Tast. CONDITION Tast. CONDITION TO REPORT TO THE PROPERTY OF THE PROPERTY	if any, giving A) staling the S CONTRIBUTIN SELATED TO T G IT. ONDITION FOR PERFORMED G 21 ho etc on) (Hour) 21 W W witel) ottended assed olive on.	WHICH OPERATION B. PLACE OF INJURY (e.g. me, larm, factary, street, e.g. larm) E. INJURY OCCURRED hile At	20A. AUTOPSY? (Yes or affice bldg., INJURY OCCUR? 21F. HOW DID IN	No) 20B. IF YES, WEI IN CERTIFYING ((If in Bolting of the control of the contro	2 Gys RE FINDINGS CONSIDERED CAUSES OF DEATH? Prore City, give exact location) ppinion death occurred on
MEDICAL CERTIFICA	OTHER SIGNATE OF INJURY (APPROX.) 21 A. SIGNATE OF INJURY (APPROX.) 22. I certification of the control of the	OR CONDITIONS, The above couse (ING CONDITION Tast. CONDITION Tast. CONDITION TO RESERVE (CONDITION CAUSE) CONDITION (CONDITI	if any, giving A) staling the S CONTRIBUTIN SELATED TO T G IT. ONDITION FOR PERFORMED 21 ho etc on) (Hour) 21 W W itel) ottended ased clive on stoted obave,	WHICH OPERATION B. PLACE OF INJURY (e.g. me, larm, factory, street, c.) E. INJURY OCCURRED hile At	20A. AUTOPSY? (Yes or and affice bldg., INJURY OCCUR? 21F. HOW DID IT (hile and	ODE. IF YES, WEI IN CERTIFYING (OF IN BORTON OUT OF THE TOTAL OF THE	2 gys RE FINDINGS CONSIDERED CAUSES OF DEATH? Prore City, give exact location) 23B. DATE SIGNED Tel 1 19 64
MEDICAL CERTIFICA	OTHER SIGNATE OTHER	OR CONDITIONS, The above couse (ING CONDITION Tast. II GNIFICANT CONDITIONS DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION 198. C WAS I DENT WAS UNDERLYING INTERPOLITY (Month) (Doy) (Ye ify that (I) (Hris hospi ve) lost saw the deceed and from the couses sature CIAN'S EType) REMATION, 248, DATE L (Specify)	if any, giving A) staling the	WHICH OPERATION B. PLACE OF INJURY (e.g. me, larm, factary, street, e.g. larm) E. INJURY OCCURRED Not Work At Work The deceosed from	20A. AUTOPSY? (Yes or affice bldg., INJURY OCCUR? 21F. HOW DID IT white 19 6 9 and View the body ofter deoth Attending Med. Director 123D. ADDRESS 4723 Park Heigen	No) 20B. IF YES, WEI IN CERTIFYING ((If in Boltim NJURY OCCUR? 19 37 to 3. that In (my) (pur) of the phys. LOCATION	2 Gys RE FINDINGS CONSIDERED CAUSES OF DEATH? Fore City, give exact location? 23B. DATE SIGNED

V.S. 153 2-14-66 h

VS 150-REV. 1/1/65

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	66 01098	BALTIMORE CITY	HEALTH DEPARTMENT		
-11	BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	6 01098
- 11	I. NAME OF DECEASED		1	HOUR OF DEATH	
		Nona Edith	1 Crabb 2-1-1		1315 Am.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE Md . B. COUNTY	Harford	itution: residence before odmission)
	FULL NAME OF (If not in hospital or institution oddress or location) INSTITUTION	n, give street	M4 11 D	+ 1116 1- 015 1	JRAL and give township)
1	MINTEBELLO STATE H dis	PITAL) 1 D	Abingdo	n 6200
	5. SEX 6. RACE 7. MARRIE	D NEVER MARRIED	KT. 1. 130.		W. I
		ED, NEVER MARRIED VED, DIVORCED (specify)		AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
- 11	10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working tite, even it retired)	OF BUSINESS OR INDUSTRY	Wilkes CO.	country)C	12. CITIZEN OF WHAT COUNTRY?
1	A /	eral Practice	N / /	/ a	11.5.
	13. FATHERS NAME		14. MOTHERS MAIDEN NAM		
	FINARY WADDELL		Emmie Baug	2033	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service	1 6, SOCIAL SECURITY NO.	17. INFORMANT	2501	Redomaple Dr.
	No	343-42-6921	Donna Carter	r Abir	ngdon, Md.
ľ	1B. / 7/ X	CAUSE OF		44.67	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	0	- 1		ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e,	(A) A	RCINOMA OI	= (ERVIX	1 YEARS
	heart foilure, osthenio, etc. It means the disease injury or complication which coused death.)				
	ANTECEDENT CAUSES	(B)			***************************************
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the	ng			
	UNDERLYING CONDITION lost.	he (C)	••••••••••••••	********************************	
	7	" 15 "			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
		R WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED
	198. CONDITION FOR WAS PERFORMED		455	IN CERTIFIENG CAU	SES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	TB. PLACE OF INJURY (e.g., in come, form, foctory, street, offictc.)	or about 21C, WHERE DID	(If in Bottimore	City, give exact location)
		1E INJURY OCCURRED	21 F. HOW DID INJUI	RY OCCUR?	
		White At Not While			
	22. I certify that W (this hospital) attended		7-1 19	65 ta	2-/ 1966.
	that:(1) (we) last saw the deceased alive ar	2-1		in (mg) (aur) apini	
	and haur and fram the causes stated above.				
	23A. SIGNATURE				23B, DATE SIGNED
	Living I. Cooperste	M.D. Atter	nding Med. Si Director Pi	hys.	2-1-66
	23C.PHYSICIAM'S () NAME (Type) Irving L. Coopers	stein M.D.	3D. ADDRESS	37E HOLDI-	12 Bar - MO
	24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY of CREA	MATORY 24D, LOC		town, or county) (State)
	REMOVAL (Specify)	ole Torral Dani		5	Surry County orth Carolina
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	ok Level Bapt	25C. FUNERAL DIRECTOR		g Funeres Home
	FEB 3 1966 Q Q 15 8.	Janson HA	thelote Wacouls	/1	een, Maryland



	00 01000	BALTIMORE CI	TY HEALTH DEPARTMENT	
	H NO. 66 U1099	CERTIFIC	ATE OF DEATH Regist	ered No. 66 (11099
1, N	CASE NO. AME OF DECEASED		2. DATE AND HOUR O	DF DEATH
Тур	LACE OF DEATH IN BALTIMORE MARYLAN	da	1-31-6	6 2:52 pm
. PI	LACE OF DEATH IN BALTIMORE MARYLAN	D	4. USUAL RESIDENCE (Where deceased A. STATE B. COUNTY	lived. If institutions residence before admission
	ULL NAME OF (If not in hospital or insti	tution, give street	ma.	2505
H	OSPITAL OR oddress or location)		C. CITY OR TOWN (If outside city lim	nits, write RURAL and give township)
3			Baltimore	
C	11 DH. 00 C		D. STREET ADDRESS (If rurol, give lo	
10	uth Baltimore Gener		8. DATE OF BIRTH 19. AGE III	
. 51	Y WI	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH 11-7-1886 9. AGE (In lost birthdoy 7 G	
47	USUAL OCCUPATION (Give kind of work 10 B. K.	ARRIED	111111111111111111111111111111111111111	120 617771 00
	during most of working life, even if retired)	IND OF BOSINESS OK INDOS!	I I C (Store or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	CUSEWIFE		W.Va,	4.S.A.
3. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	
1)	ILLiam E. KeiseR		Emma L. Ridge	ud u
5. V Yes.	Vas Deceosed Ever in U. S. Armed Farces? no or unknown) (If yes, give wor or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDKE22
	No.	NONE	MRS. BECAGIA SMIT	LEY BALTO MD. 2122
T	1B. 44. 22.11		OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
	LEADING TO DEATH		Kumonia Bronche	
	(This does not mean the mode of dying	, 4.9.,		**************************************
	heart failure, osthenia, etc. It means the d injury or complication which coused death.	1		
	ANTECEDENT CAUSES	(B)	9 SCVD	
	DISEASES OR CONDITIONS, if ony,	giving		
rise to the obove couse (A) sloting the (C)				
	UNDERLYING CONDITION lost,			
z	OTHER SIGNIFICANT CONDITIONS CONTRI	PLITING		
9	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE		
2	19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF Y	ES, WERE FINDINGS CONSIDERED
RTIFIC	WAS PERFORME	D	VEC IN CERTI	FYING CAUSES OF DEATH?
Ü	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g	office bldg., INJURY OCCUR?	in Boltimore City, give exact location)
A	DEATH (notify medical examiner)	etc.)	once sings into all occor.	
0	21D. TIME (Month) (Doy) (Year) (Hou	1 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCU	R?
	OF INJURY (APPROX.)	While At Not W		
		Work At Wo		. 97
	22. I certify that (I) (this hospital) atte	1 21	1-18 19661	
-	that (1) (we) last saw the deceased aliv	e on 1 - 31	19 6 6 and that in (my)	(a) apinion death accurred an the de
	and haur and fram the causes stated ob	ave. (1) (12) (did) (did-not	view the bady after death.	
1	23A. SIGNATURE			23B. DATE SIGNED
	Much 1.1/4	argrave M.D.	hys. Director Phys.	1-31-66
	23C. PHYSICIAN'S		23D. ADDRESS	
	NAME (Typis) THINGS	M.	0. 6 11 12 11.	1/1
24A.	Hugh HARGR	ave	CREMATORY 24D. LOCATION	(City, town, or county) (Stote)
-	BURIAL CREMATION. 248. DATE REMOVAL (Specify)			
B	URIAL 1-4-66		CEM. ANNE AL	SUNDEL CO, MU.
25A.	DATE REC'D BY HEALTH DEPT. 258. N	AME OF REGISTRAR		2007 EASTERN FIVE.
	FEB 3 1966 (D.O. 64 8)	Jea Coully.	WM.FIALKOWSKI	BALTO MD. 21231
VS 1	50-REV. 1/1/65	H P G I I	wor. Dialkowski	

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DATING MILE EXCLUSIVE SHALLS

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death; and (6) No physician was in regular attendance on the deceased prior to death. Such

		HEALTH DEPARTMENT		
BIRTH NO. 62-/203266 1111 M.E. CASE NO.	()() CERTIFICA	TE OF DEATH	Registered Na	6 01100
TINAME OF DECEASED (Type or Print) Philips Davi	Q LEROY	2, DATE AN	6 6	5 35 P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	ND ON	A. STATE B. COUR	e deceosed lived. If i	nstitution: residence before admission
FULL NAME OF (If not in hospital or ins HOSPITAL OR address ar lacation)	titution, give street	C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
Sinai Haspital	of Gallon	Balto D. STREET ADDRESS (III		
	0	2807 W.	que location)	AVE
M W No	ARRIED, NEVER MARRIED ADDOWED, DIVORCED (specify)	3/3/67	e. AGE (In years lost birmdoy)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, bedane during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or fore	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
the-schooler		Balto.	Ma	USA
John Phillir	25	Puth	Tulon	on Fulron
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknawn) (If yes, give war or dates af s	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		JOHN PI	ILLIPS	
18. 58/10 I	CAUSE O	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTL LEADING TO DEATH	· Co	roline an	ues t	
(This does not mean the made of dying heart failure, asthenia, etc. It means the c				
injury ar camplication which caused death		+:00 O: +	. 6	
ANTECEDENT CAUSES	DUE TO	cephasi		
DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis UNDERLYING CONDITION tast.				
OTHER SIGNIFICANT CONDITIONS CONTR				
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n ar about 21 C. WHERE DID	(If in Boltimor	e City, give exact tacohon)
21D. TIME (Month) (Doy) (Year) (Ho		21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Work Not While At Wark			//
22. I certify that (+) (this hospital) atte	ended the deceased from		19to	1/31/ 1965
that (斯 (we) last saw the deceased ali	ve on 1/3//	19 66 and th	ot in (aur) api	nian death accurred on the do
and haur and fram the causes stated at	bave. 49 (We) (did) (did=+1) v	view the bady after death.		//
23A. SIGNATURE	M.D. Att	ending Med.	Stoff	23B. DATE SIGNED
23C. PHYSICIAN'S	man Phy	s. Director	Phys.	1/31/66
NAME (Type)	M.D.	Simai Hosp.	& Belto	Ine
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CR	EMATORY 24D. L	OCATION (C	ity, tawn, ar countyl (State)
Burial 2/5/66	Loudon 1	Park 1	Beltima	w. md
	NAME OF REGISTRAR	25C FUNERAL DIRECTOR	02× 43	of Ridge Md 2121
VS 150-REV. 1/1/65	9 6 6 6 9	A A CO O O	0-11	acc - 11/16 2

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	BALTIMORE CITY HE	ALTH DEPARTMENT		
BIRTH NO. 66 01101	CERTIFICATE	OF DEATH	Registered Na.	e orror
M.E. CASE NO. 1. NAME OF DECEASED T. I.	7 1	2. DATE AND	HOUR OF DEATH)O U11U1.
3. PLACE OF DEATH IN BALTIMORE MARYLAND) £ £	2	1-66	7:30 A.M
S. PLACE OF BEATH IN BALLIMORE, MARILAND		STATE B. COUNT	deceased lived. If inst	itutien; residence betere edmissien)
FULL NAME OF (If not in hespitol or institution HOSPITAL OR eddress or lecotion)		CITY OR TOWN THE euts	nd. ide city limits, write RU	JRAL end give township)
INSTITUTION		Baltin	2016 7	2/730.
e 1/1/11:00 n= 6-	D.	STREET ADDRESS (II ii	uret, give Tecotion)	
5. SEX 6. RACE 7. MARRIE	D, NEVER MARRIED 8. C		. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
F. White Div	ED, DIVORCED (specify)	2-11-1905	#9 66	Months Doys Heurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND (dene during most of working life, even if relired)	OF BUSINESS OR INDUSTRY 11.	BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
Housewife			Va.	U. S. A.
13. FATHER'S NAME	14.	MOTHER'S MAIDEN NAM	NE C	
Sulbert Robers 15. Wos Decesed Ever in U. S. Armed Forces?	11 (50 51 41	INFORMANT 9	a lagge	5
(Yes, ne er unknown) (If yes, give wer or dates ef sewice)) 16. SOCIAL SECURITY NO.	INFORMANT	00	ADDRESS
No IIB.	CAUSE OF D		745 Harvey S	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0	1 1 1		ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.		itonitis	++++++++++++++++++++++++++++++++++++++	Unknown
heort foilure, osthenio, etc. It meons the diseos injury of complication which coused death.)	е,	5 4161	/	
ANTECEDENT CAUSES	(B) (Per)	orales Coll	9 19	Unknown
DISEASES OR CONDITIONS, if ony, givin	9	for tal Collins om a of Co	10.	unknown
rise to the obove couse (A) stoting the UNDERCYING CONDITION lost.	e (C) Corre	in omor of co	/0/1	
Z CTUEN SCAUSSANT SOURCES CONTRIBUTE	N.C.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.				U 1620 MIN
19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes er Ne)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	1B. PLACE OF INJURY (e.g., in er	IES.	yes.	City, give exact lecetion)
OR CONTRIBUTING CAUSE OF he delical examiner	eme, form, fectory, street, effice	bidg., INJURY OCCUR?		
21D. TIME (Menth) (Dey) (Yeer) (Heur) 21	E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
₹ (APPROVI	White At Net While At Werk			
22. I certify that # (this hospital) attended	the deceased fram	1-28		2-1 19 66
that 🎒 (we) last saw the deceased alive an	1		t in 🔫 (aur) apin	ion death accurred an the date
and haur and fram the causes stated abave.	(I) (We) (did) (dld nat) view	the bady after death.	-	DATE CONTR
San Mila	M.D. Attendin	g Med.	5	23B. DATE SIGNED
23e. PHYSICIAN'S NAME (Type)	Phy s. 23 D.	ADDRESS	Phys.	2-1-66.
	M.D.	outh Baltimore	Conomal Ha	ani tal
Pavid Janhar M D 24A. BURIAL CREMATION, 248. DAPE 24C. REMOVAL (Specify)	NAME of CEMETERY OF CREMA	TORY 24D. LO		spital . lown, or county) (State)
	odlawn Cemetery	21.3	O Woodlawn D	rive, Balto, Md.
25A. DATE REC'D BY HEALTH DEPT. 258. NAME	OF REGISTRAR			
EFR 3 1966 (1) D. An E. S.	Challette Plan	riynn & Flemi	ng, 1422 Lig	ht St. Balto. Md.

Dertentie Restorate Colon Caremania of Colon En Mitselen

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	00 01402	BALTIMORE CITY	HEALTH DEPARTMENT	6	6 01102
	н но. 66 01102	CERTIFICA	TE OF DEATH	Registered Na	
1, N	AME OF DECEASED HADOV NEL	SON CO	RBIN 2. DATE AN	NO HOUR OF DEATH	6
3. P	LACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (Whe		M. tution: residence before admission)
1	ULL NAME OF (If not in hospitol or institution, give oddress or locotion) NSTITUTION	street	Med	itside city limits, write RUI	RAL ond give township)
10/	946 W. LOMBARD S	7	Balte		
L	796 W. KOMISARIS		946 W.	Lowbark	St (23)
5. S	Tale While 7. MARRIED, NEV WIDOWED, DI	VORCED (pecify)	1-3-08	9. AGE (In years lost birthday)	If Under 1 Yr. 1f Under 24 Hrs. Aonths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	INESS OR INDUSTRY	BIRTHPLACE (Stole or Leve	ign country)	12. CITIZEN OF WHAT COUNTRY?
1	auffer- Foremen City	Januak	-m	me.	USA.
13.	FATHER MAME		14. MOTHER'S MAIDEN NA	ME	
		SOCIAL	17. INFORMANT		ADDRESS
L	10 - 31	603 768	+ Moonin	Carlin	- Blove
	DISEASE OR CONDITION DIRECTLY	CAUSE	DEATH (/	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) DUE TO	ung C	aucer	aukuown
	heart failure, asthenia, etc. II means the disease, injury ar camplication which caused death.)	201.10		,	
	ANTECEDENT CAUSES	DUE TO	في و هند الله الله الله الله الله الله الله الل		
	DISEASES OR CONDITIONS, if ony, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last.	(C)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED	H OPERATION	20 A. AUTOPSY? (Yes or N.	O) 20B. IF YES, WERE FIN IN CERTIFYING CAUS	
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	CE OF INJURY (e.g., ir rm, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJ	URY OCCURRED	21 F. HOW DID IN.	JURY OCCUR?	
>	(APPROX.) While A	Not While			- 11
	22. I certify that (I) (the sespiral) attended the de	eceased fram	Car 13	1960 10 10	u 3/ 1966.
	that (1) (🌤) last sow the deceased olive on	cm 31	19 Celo and th	not in (my) (pinlo	on death accurred on the date
	and haur and fram the causes stated above.	(did) (didamat) v	iew the bady ofter death.		
	7	Phy		Stoff Phys.	2 -1-66
	23C. PHYSICIAN'S ICT Mende	0/15 M.D.	2308 Edmo	nd son AGE	Boltimere ind
24A	BURNAL CREMATION, 248, DATE REMOVAL (Specify)	CEMETERY OF CRE	MATORY 24D. L	OCATION (City,	town, or Sounty) (State)
25A	FE 3 1 4000 A - 0 8 0	GISTRAR	25C. FUNERAL DIRECTO	Jalle	ADDRESS
	FER 2 1966 C. C. P. E. LO.	C DAPPER	Juny Co	waw str	one of
VS	150-REV. 1/1/65	W WAC		Well	a ino

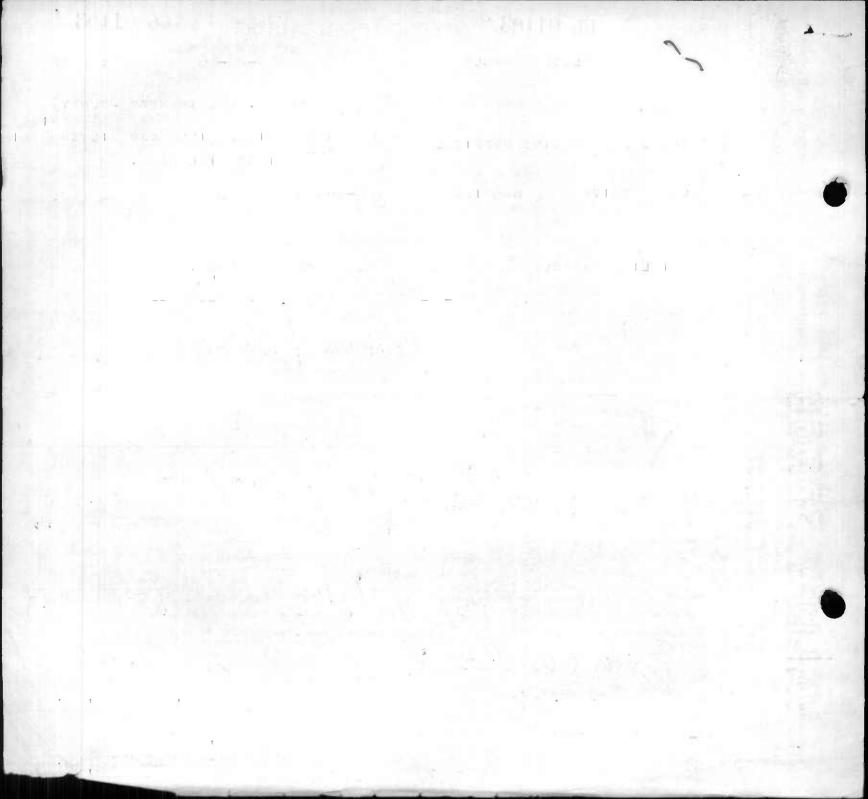
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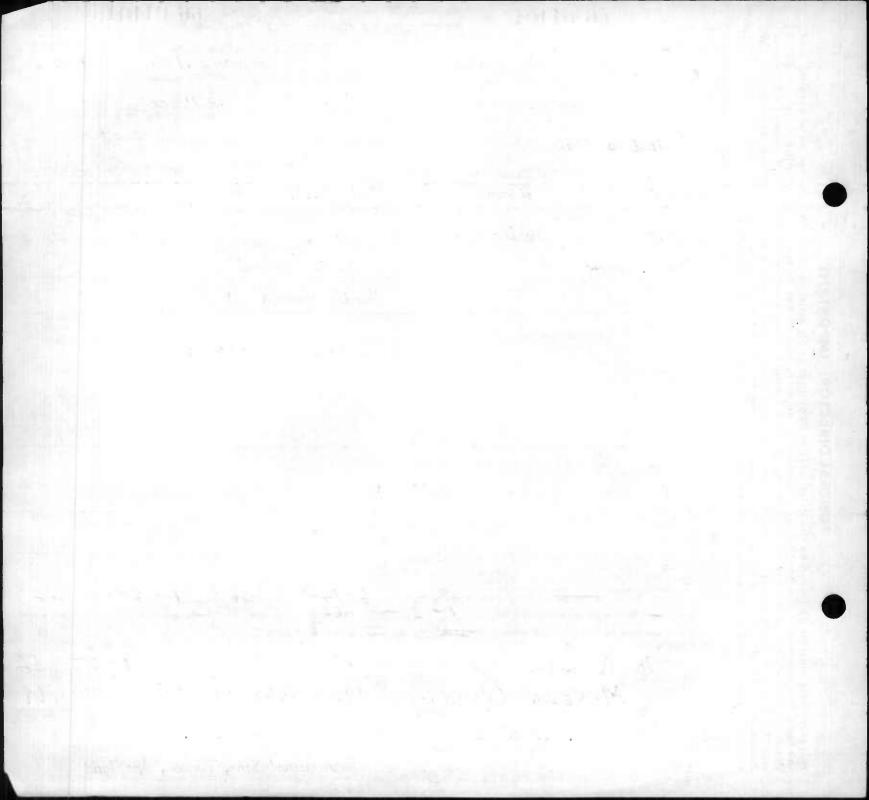
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7			BALTIMORE CITY	HEALTH DEPARTME	NT	00 010	
	BIRTH NO. M.E. CASE NO.	11.03	CERTIFICA	TE OF DEAT	TH Registered No.	66 01103	
	1. NAME OF DECEASED	HARPO	LD	2. DA	1-29-66	19:45 AM M	
	3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	E (Where deceased lived. If	institution: residence before admission)	
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION			MARYL C. CITY OR TOWN	AND. (MONTG)	MERY COUNTY)	
	THE JOHNS HOPKI	NS HOS	PITAL	D. STREET ABORES 12039	VIERS MILL F	ROAD SILVER SPRI	
	5. SEX 6. RACE MALE WHOTE		NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH 7-7-04	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
	10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote Texas	or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA	
	13. FATHER'S NAME			14. MOTHER'S MAIDE	EN NAME		
	WILDIAM HARPOL	D		FLORENCE	McPHERSON.		
	15. Was Deceased Ever in U. S. Armed For (Yes, no or unknown) (If yes, give was or date		16. SOCIAL SECURITY NO. 522-16-8579	17. INFORMANT Virginia L	. Harpoldwife	Address e-same item #4	
	DISEASE OR CONDITION DIF LEADING TO DEATH (This does not mean the made of heart failure, asthenia, etc. It means	dying, e.g.,	(A) CAUSE OF	/	bladder	INTERVAL BETWEEN ONSET AND DEATH	
	injury ar camplication which caused		200				
	ANTECEDENT CAUSES	DUE TO		\$ \$ 11 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	00 a 000000		
	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tast.		(C)	. ,	он менник в прифи бе ри от уффф 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION STATEMENT OF THE DEATH BUT NOT RELADED TO	TED TO THE		c, rulyma	yedem Lum	ia	
1	194 DATE OF OPERATION 198 CON WAS PER	Oladay	- hemen hope	29A. AUTOPSY? (Ye	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?	
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21 B. hom etc.)	PLACE OF INJURY (e.g.) in e. form, foctory, street, of	or obout 21 F. WHERE INJURY OCC	DID (If in Boltimo	nie City, give exact location)	
	Z1D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)		INJURY OCCURRED		ID INJURY OCCUR?	,	
	22. I certify that (I) (this hospital) attended the deceased from 1200 19 to 29 1966. that (I) (we) last saw the deceased alive an 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	and haur and fram the causes state	red abave. (I) (We) (did) (did nat) v	iew the bady after a	death.		
	23A. SIGNATURE	Uncl	M.D. Atte	ending Med. Director	Stoff Phys.	1/29/66	
	23C. PHYSICIAN'S NAME (Type) John C.	Wade	M.D.	John Hop	kins Hospital,	Baltimore, Md.	
	24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify)	24C. NA	AME of CEMETERY OF CRE	MATORY	24D. LOCATION (C	City, town, or county) (State)	
	Bur- Transit 2/2/6	6	Cotopaxi		Cotopaxi, Col	lorado	
	25A. DATE REC'D BY HEALTH DEPT.	258. NAME 0	F REGISTRAR	Tyson Who	eeler Funeral	Home 1331 Rock Pike	

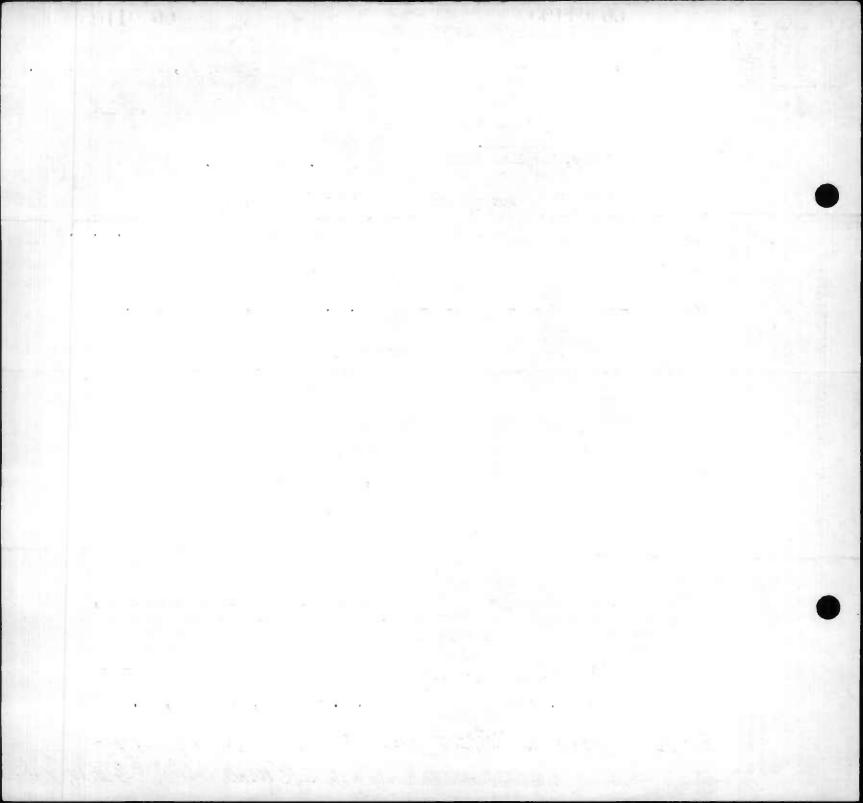


(Type or Print)	Evelun 1	Robe Pro	bert	2. DATE	January 25, 19	66 1.30	
3. PLACE OF	DEATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (V	Vhere deceased lived. If in	stitution: residence before admir	
				As I I	O		
HOSPITAL	E OF (If not in hospital OR oddress or location		ve street	c. CITY OF TOWN	Baltimo	re	
INSTITUTIO				Towson	outside city limits, write	RURAL ond give township)	
1 C	:: 11-1-1			D. STREET ADDRESS	(If rural, give location)	0000	
1) Sinai Hospital						
5. S EX	I nace	7 44 4 9 9 1 5 7	NEVER MARRIED	408 Bosley			
	6. RACE	WIDDWED,	DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 2- Months: Doys Hours A	
Female					20		
	CCUPATION (Give kind of wor st of working life, even if retired)	KIOK KIND OF	ROZINEZZ OK INDOZ	TRY 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
Teach	on	Public !	Schools	Ohio		USA	
13. FATHER'S	NAME	The state of the s	_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	14. MOTHER'S MAIDEN	NAME		
Walton	A. Robert			Hattie Broom	lland		
5. Was Deceo	sed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	- Parties	ADDRESS	
Yes no or unkn	own) (If, yes, give wor or dot	les of service)	SECURITY NO.	Family record	14		
	None			0	/3		
1B.44 =	2011		CAUSI	OF DEATH		INTERVAL BETWEEN	
DIS	EASE OR CONDITION DE			m .	-10. 1		
/This J	LEADING TO DEATH		(A)	Coronary	14 romeost	\$	
(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. (I means the disease,							
injury ar	injury ar camplication which caused death.)						
	ANTECEDENT CAUSES (B)						
DISEASES	DISEASES OR CONDITIONS, if any, giving						
	rise to the above cause (A) stating the (C)						
UNDEKLI							
Z OTHER S	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
E TO THE	TO THE DEATH BUT NOT RELATED TO THE						
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION			20A. AUTOPSY? (Yes or	Nol 208. IF YES, WERE	FINDINGS CONSIDERED	
19A. DATE	198. CONDITION FOR WHICH OPERATION WAS PERFORMED				IN CERTIFYING CA	USES OF DEATH?	
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in			g., in or obout 21 C. WHERE DIE) (If in Boltimore	City, give exact facation)	
OR CONT	RIBUTING CAUSE OF ofify medical examiner	home etc.)	. lorm, foctory, street	, office bldg., INJURY OCCUR	?		
U			INITION OF THE PROPERTY.	0.0			
OF INJUR			INJURY OCCURRED		INJURY OCCUR?		
(APPROX.)		Work	e At Not \	While ork			
22. I cert	tify that (I) (this hospita	ol) ottended th	e deceased fram	6-14-	1956 to /	- 25 - 196	
				: 1			
	and hour and from the causes stated obave. (1) (Walter) (did not)						
23A. 310N	23A. SIGNATURE			Attending Med.	23B. DATE SIGNED		
	W. J.	unn	/ M.D.	· ii y si	Stoff Phys.	1-21-	
	CIAN'S E (Type) A	1. 6		23D. ADDRESS	2,0) -	Time II I	
23C. PHYSI	11. KEV	IN CX	UINN M	.D. 1927 YO	KK KO',	MONIUM N	
23C.PHYSI NAM	, b , l P N			CREATATORY 124C	D. LOCATION (C		
NAM 24A. BURIAL	CREMATION, 24B. DATE	24C.NA	ME of CEMETERY of	CKENTATORT	LOCATION	ity, town, or county) (St	
NAM 24A. BURIAL	CREMATION, 24B. DATE	24C.NA				ity, town, or county) (Si	
24A. BURIAL REMOVAL	burial Jan. 28		st Side (em	etery S	Sunbury, Pa.		
24A. BURIAL REMOVAL	CREMATION. 24B. DATE AL (Specify) Jouria Jan. 28 C'D BY HEALTH DEPT.	24C.NA 1966 We 25B. NAME O	st Side (em		Sunbury, Pa.	ADDRESS	



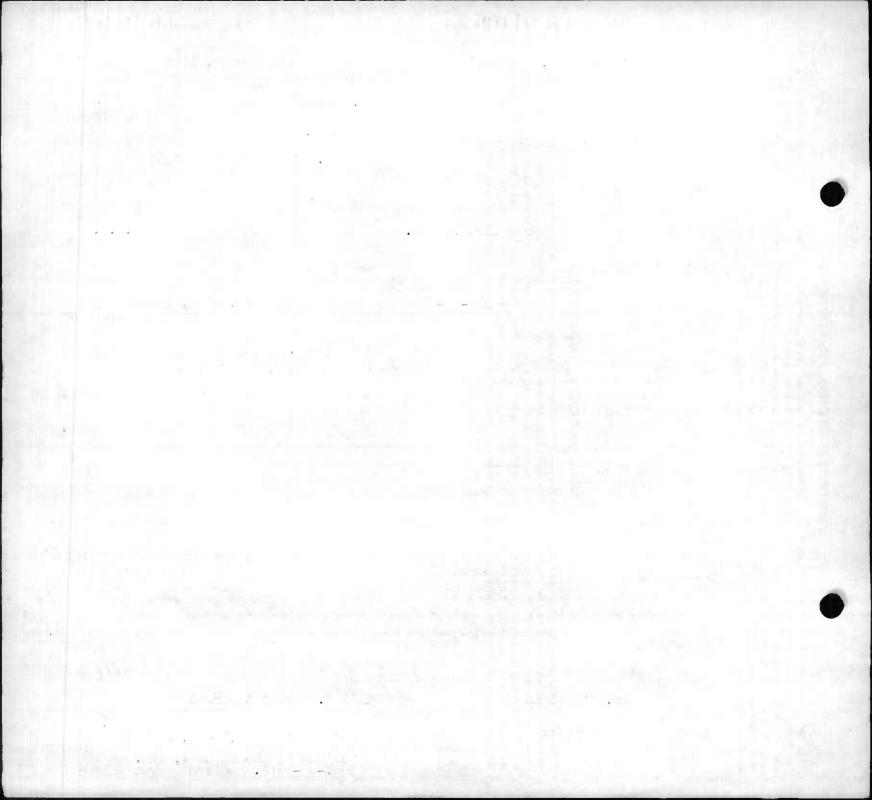
	66 0110)5	BALTIMORE CITY	HEALTH DEP	ARTMENT	1	66 0140	15	
BIRTH	NO.	on fi	CERTIFICA	TE OF D	EATH	Registered No	OO OIN	3.)	
1.NA	CASE NO. ME OF DECEASED	2. DATE AND HOUR OF DEATH							
Туре	or Print) BECK, Lester		J	anuary 30,	1966	7:50 A.N			
3. PLA	CE OF DEATH IN BALTIMORE, MA	A. STATE	B. COUN	e deceased lived. If TY		ce before odmission)			
	L NAME OF (If not in hospital SPITAL OR oddress or location	Pennsylvania York C. CITY OR TOWN (If outside city limits, write RURAL and give township)							
	TITUTION Veterans Admi	ion Mospital		WN (It out:	side city limits, write	e RURAL and give	township)		
07	3900 Loch Ra		D. STREET ADDRESS (If rural, give location)						
1	Baltimore, M	21218	322 E. Princess St.						
5. sex		Caucasian Widowed, Divorced (specify)			B. DATE OF BIRTH 9. AGE (In years leading) 14-28-29 36 If Under 1 Yr. Hours North North St. Doys North North St. Doys North N				
	SUAL OCCUPATION (Give kind of wor	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or foreig	gn country)	12. CITIZEN O	F	
Ia	uring most of working life, even if retired) borer	Cemet	tary	Pennsy			U. S		
13. FA	THER'S NAME			14. MOTHER'S		AE			
Ed	ward Beck			Ida Kl	ine				
15. Wo	s Deceased Ever in U. S. Armed Fa	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMAN	Record	s	ADD	RESS	
Ye			179-20-8151	V. A.		, Baltimor	e, Md. 21	218	
1B.		021	CAUSE O	1			INTER	VAL BETWEEN T AND DEATH	
	DISEASE OR CONDITION DI	RECTLY	2						
LIT	LEADING TO DEATH	duina o a	(A) Carc	inoma re	gion of	6	Months		
l h	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,								
in	injury or complication which coused death,) ANTECEDENT CAUSES (B) DUE TO								
	ANTECEDENT CAUSES	***************************************		######################################	***************************************	H H G 1-4-4-4-4 H H H H H H H H H H H H H H H H			
	ISEASES OR CONDITIONS, if see to the above cause (A)								
U	NDERLYING CONDITION lost.								
7	11								
EIT	THER SIGNIFICANT CONDITIONS (O THE DEATH BUT NOT RELIBIORS OF CONDITION CAUSING	ATED TO THE	Pulmonany Th	e fan a	dvanced				
V IO	TOTAL ON CONDITION CAUGING	***	HICH OPERATION			20B. IF YES, WER	E EINDINGS CON	SIDERED	
ERTIFIC	WAS PER	FORMED	OTERATION		3111163 01 140)	IN CERTIFYING C	AUSES OF DEATH	I?	
U 21	A. ACCIDENT WAS UNDERLYING	21 B. (PLACE OF INJURY (e.g., in	NO or about 21 C. V	VHERE DID	(If in Boltime	ore City, give exoc	et location)	
A DI	R CONTRIBUTING CAUSE OF EATH (notify medical examinar)	home etc.)	, lorm, foctory, street, of	fice bldg., INJUI	RY OCCUR?				
U	D. TIME (Month) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. H	JUN DID INJU	JRY OCCUP?			
\$ OI	F INJURY PPROX.)	While	e At Not While		-11 -10 11431				
		Work						,,	
22	. I certify that 🗱 (this hospita	I) ottended the	e deceosed fram	anuary L	11	9 66 to s	January 30	19.66	
	at (M(we) last sow the decease					at in (my) (aur) o	pinion death occ	curred an the date	
	nd haur and from the couses sta	ted abave. 🞾	(We) (did) (did/not) v	iew the body	after deoth.				
23.	A. SIGNATURE	23B. DATE SIGNED				NED			
	House	nding	Med. Director	Stoff Phys.	1-30-	-66			
23	C. PHYSICIAN'S NAME (Type)	The same of the sa		23D. ADDRESS	15				
	Young E.	Chun	M.D.	V. A. H	ospital,	Baltimore	, Md. 21	.218	
24A. B	URIAL CREMATION, 24B. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY	24D. LC	CATION	City, town, or coun	nty) (State)	
Ri	IRIAI EERII	all PRA	SPENT UIL	CHALT	-PV V	APY DEN	AISVI VAII	A	
25A. D	PATE REC'D BY HEALTH DEPT.	258. NAME OF	REGISTRAR	25C. FUNER	AV DIRECTOR	IN. IEN	V-701/11/1/	DDRESS \	
[m]r	D 2 4000 A			Dala	100	un NA	o Alas	is en h. A	
VS 150	REV 1/1/6 UDb (1)	8 760		Ach	400	VINO GOW	Volu	lar, Ind	

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

			BALTIMORE CITY	HEALTH DEPAR	RTMENT		00 01.		
BIRTH NO.	6	6 01	106 CERTIFICA	TE OF DE	EATH	Registered Na	66 01108		
M.E. CASE	NO. F DECEASED		CERTITOR	12 01 01		ND HOUS OF DEATH			
(Type or Prin		10, 0	ttavio		January 27, 1966			idnight _M	
3. PLACE O	OF DEATH IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY					
FULL NA HOSPITA	L OR oddress or loc		tion, give street	Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
8				Baltimore					
-	Johns Hopkins	Hospit	al (DOA)	D. STREET ADDRESS (If rurol, give location)					
1				814 N. Milton Avenue 21205					
S. SEX	6. RACE	WID	RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRT		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Months Doys Ho	Under 24 Hrs. urs Min.	
male	White	marr work 10 B. KIN	D OF BUSINESS OR INDUSTRY	June 20,		eign country)	12. CITIZEN OF		
done during n	most of working life, even if retir	ed)			(31010 01 1011	and a commy,	WHAT COUNT	RY?	
Taylor		Grue	Clothing Co.	Italy			U.S.A.		
13. FATHER	S NAME			14. MOTHER'S M	AAIDEN NA	ME			
Louis	Di Stefano			Loretta	Di Vin	cenzo			
15. Was Dec	ceased Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT		J J1120	ADDRESS		
	nknown) (If yes, give wor or	dotes of serv							
no			219-01-4175		1 Stel	ano, wife,			
18.4	20,11		CAUSE O	F DEATH			INTERVAL ONSET AN		
/ [DISEASE OR CONDITION			cute Coronay Occlusion 30 min terroscleratu Heart Processe 6 gress					
	LEADING TO DEA		(A)(A	cule on	May	Occure	n 30 mes	A	
	loes not mean the made vilure, asthenia, etc. 11 me								
	ar camplication which cau		G-	6	4	11 +11/10	Kan		
	ANTECEDENT CAU	SES	(B)	UNDECK!	we	reary y was	as o grave	£	
DISEAS	SES OR CONDITIONS,	if ony, g				•	-		
rise 1	a the obave cause	(A) stoling		·/·				0.000.000.000.000 variety ************************************	
UNDER	RLYING CONDITION lost.								
E TO TI	SIGNIFICANT CONDITION HE DEATH BUT NOT SE OR CONDITION CAUSIN	RELATED TO							
	TE OF OPERATION 198. (WAS	PERFORMED	FOR WHICH OPERATION	20A. AUTOPS	Y? (Yos or N	O) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDER AUSES OF DEATH?	ED	
OR COL	CCIDENT WAS UNDERLYIN NTRIBUTING CAUSE OF (notily medical examiner)	G	21B. PLACE OF INJURY (e.g., in home, larm, foctory, street, of etc.)	fice bldg., INJURY	HERE DID OCCUR?	(If in Boltimo	ro City, give exact loc-	otion)	
O 21 D. TIA		eoi) (Hour)	21E INJURY OCCURRED	21F. HC	W DID IN	JURY OCCUR?			
OF INJU			While At Not While	e 🦳					
			Work At Work						
22. I c	ertify that (1) (this hosp	ital) attend	led the deceased from	Gent 29		19 65 to	en. 25	1966.	
that (1)	(we) last sow the dece	ased olive	on your 25	1966	ond t	hat in (my) (our ap	inian death accurre	d on the date	
and ho	ur and from the causes	stated abov	ve. (1) (We) (did) (did nat) v		fter death.				
	MATURE		tor (i) (iio) (aia) (aia iiai) v	Tow The budy u	THE GEGINS		23 B. DATE SIGNED		
1	£ 0 17.		M.D. Atte	ending N	Ned.	Stoff	1/2//		
(Jorael 14	Len	Phy	s. (42) D	iroclor	Phys.	1/0/166	2	
23C.PH	YSICIAN'S ME (Type)			23D. ADDRESS			A 14 4 1 1 1		
	Dr. Israe	el Rose	n M.D.	2413 E.	Monume	nt Street			
24A. BURIA	L CREMATION, 24B. DATE	24	C. NAME of CEMETERY OF CRE	MATORY	24D. I	LOCATION (C	City, town, or county)	(Stote)	
Buria	VAL (Specify)	166	Unler Dada			D-714	M Taras M		
Dul Le	T/)T/	00	Holy Redeemer Ce	metery	1 515	Baltimore, 1	raryiand		



a hospital and

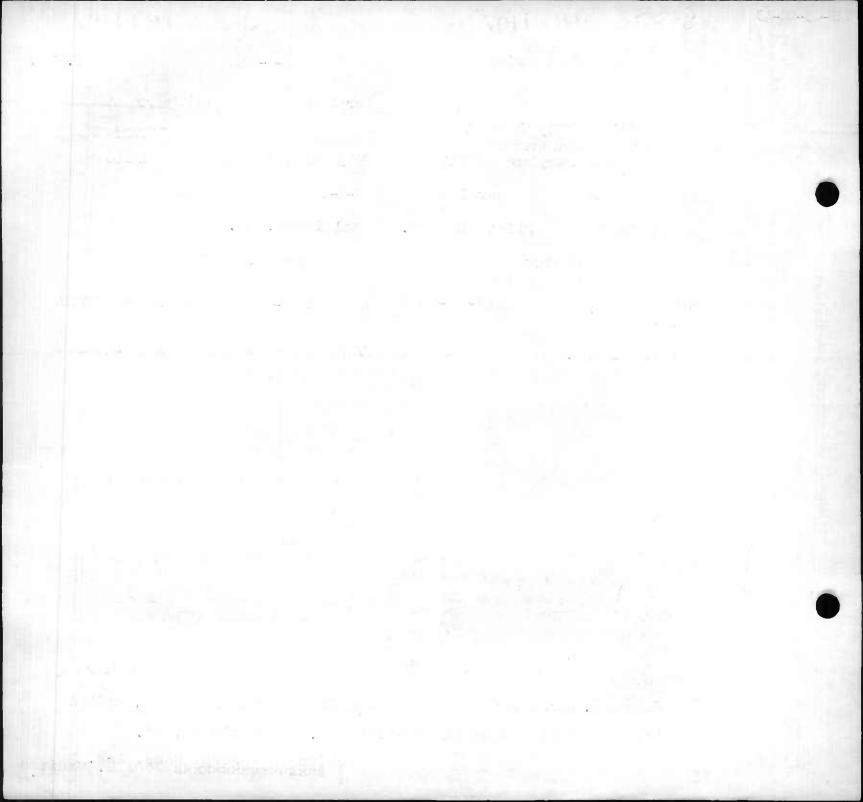
or his assistant if death

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

This certificate must be approved by the chief medical examiner

I Y	E CASE NO. NAME OF DECE pe or Print)	Robert		2, DATE AND HOUR OF DEA' 2-2-1966	TH 7.3				
3.	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceosed lived. II institution: residence before of A. STATE B. COUNTY Maryland Baltimore					
	FULL NAME OF	(II not in hospital	or institution, give street						
	HOSPITAL OR	address or locotion		C. CITY OR TOWN (If outside city limits, we					
2		240 Eastern A		D. STREET ADDRESS (If rurol, give location)					
L		ltimore, Mary		7913 Underhill Road	21206				
M	ale	White	7. MARRIED, NEVER MARRIED WIDOWED, DIYORCED (specily) MATTIED	B. DATE OF BIRTH 7-3-1884 9. AGE (In years lost birthdoy) 81	II Under 1 Yr. II Und Months Doys Hours				
		orking life, even il retired)	Pilot Shoe Co.	Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?				
13.	FATHER'S NAM	eorge Busi	ck	Mary A. Elliot	t				
15. (Ye	Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.			17- INFORMANT ADDRESS					
	no		213-03-5668	Records:BCH-4940 Eastern	Avenue 21224				
	1B. 4 4	3 XI		OF DEATH	INTERVAL BETY ONSET AND D				
		OR CONDITION DIR LEADING TO DEATH	RECTLY	HACUD	Chionia				
		above couse (A) CONDITION last.	10/						
ATION	OTHER SIGNIE TO THE DE DISEASE OR O	ICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING I	TED TO THE Chronic	renal disease - und	known etiol				
1	TYA. DATE OF	WAS PERI	DITION FOR WHICH OPERATION FORMED	NO 20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING	CAUSES OF DEATH?				
RTIFIC		T WAS UNDERLYING	218. PLACE OF INJURY (e.g	g., in or obout 21 C. WHERE DID (If in Baltin	mare City, give exact location)				
AL CERTIFIC	OR CONTRIBU	TING CAUSE OF medical exominer	home, lorm, factory, street, etc.)	, office bidg., INJURY OCCUR?					
CERTIFIC	OR CONTRIBU DEATH (notily	TING CAUSE OF	etc.) (Hour) 21 E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
DICAL CERTIFIC	OR CONTRIBU DEATH (notily 21D. TIME OF INJURY (APPROX.)	TING CAUSE OF medical examiner) (Month) (Day) (Year)	(Hour) 21 E. INJURY OCCURRED White At Not Work Not Work At Wo	Vhile 1965 to 1965					
DICAL CERTIFIC	OR CONTRIBU DEATH (notily 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (ve) and haur and	CAUSE OF medical examiner) (Month) (Day) (Year) That (1) (this hospital ast saw the decease fram the causes state	(Hour) 21 E. INJURY OCCURRED White At Not Work Not Work At Wo	Vhile 21F. HOW DID INJURY OCCUR? Vhile 19	pinian death accurred ar				
DICAL CERTIFIC	OR CONTRIBU DEATH (notily 21 D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) ((e)	CAUSE OF medical examiner) (Month) (Day) (Year) That (1) (this hospital ast saw the decease fram the causes state	white At Not Work Not	Vhile 21F. HOW DID INJURY OCCUR? Vhile 19					
DICAL CERTIFIC	OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and haur and 23A. SIGNATU	CAUSE OF medical examiner (Month) (Doy) (Year) That (1) (this hospital ast saw the decease fram the causes state	white At Not Work Not	Vhile 21F. HOW DID INJURY OCCUR? Vhile 19	epinian death accurred ar				
DICAL CERTIFIC	OR CONTRIBU DEATH (notily 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU	CAUSE OF medical examiner (Month) (Doy) (Year) That (1) (this hospital ast saw the decease fram the causes state	(Hour) 21E INJURY OCCURRED White At Not Work at work at a dive an 2 and abave. (I) (We) (Gid) (did not M.D.	Vhile onk 19 Sta 19 Sta 19 Sta 19 Stoff Phys. Med. Director Phys. 23D. ADDRESS	238. DATE SIGNED				
MEDICAL CERTIFIC	OR CONTRIBU DEATH (notily 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU	chat (1) (this hospital ast saw the decease from the causes state that the causes state the causes state that the causes state that the causes state the causes state that the causes state the causes state that the causes state the causes state that the causes state that the causes state the cause state the causes state the causes state the causes state the	(Hour) 21E INJURY OCCURRED White At Not Work at work at a dive an 2 and abave. (I) (We) (Gid) (did not M.D.	Vhile of the control	238. DATE SIGNED 2/2/6 imore, Maryland (City, town, or county)				

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1		(10)	1100	BALT	TIMORE CIT	Y HEALTH DI	EPARTMENT		66 (11108
	H NO.	66 0	1108	CEI	RTIFICA	ATE OF	DEATH	Registered N	a. 00 C	71100
1. N	AME OF DECEASE	LLER,	FRE	Dor	Frede	rick G.		NO HOUR OF DEAT	TH	320 AN
3. P	LACE OF DEATH	IN BALTIMORE, MA	RYLAND			4. USUAL F	B. COU	ere deceased lived. I	Institution: re	esidence before odmission)
Н	ULL NAME OF IOSPITAL OR INSTITUTION	(If not in hospital address or location		give street		c. cly or	TOWN III or	utside city limits, writ	te RURAL ond	give tawnship)
14	Mism	Maria	LIMO	Mas	no And	D. STREET	ADDRESS JI	rural, give location)	<i>A</i> \	2
-	v raco /)	1 revio	To Manuel	1,00	parace	1412	8 51	EKMAN	AY	
5. \$	noce	white	WIDOWE	D, DIVORCE		B. DATE OF	6-25	9. AGE (In years last birthday)	If Under Months	Days Hours Min.
	during most of working	10N (Give kind of warking life, even if retired)	10B. KIND O	2.4	OR INDUSTR	Y 11. BIRTHPL	ACE (State or for	eign cadntrý)	12. CITIZ	ZEN OF AT COUNTRY?
	none		ON) JO 5	5	Ina	yand	, Baltimo	re (ISA
13. F	ATHERS NAME			0		14. MOTHER	EZARNEC	Ϋ́Ā		
1	211011A	1 m	ILLE	K		XXXX	XXXXXXXX	XXXX /// A	RGAI	RET
15. V (Yes	Vas Deceased Ever no or unknawn) (If y	in U. S. Armed Far es, give war or date	ces? s of service)	1 6. SOCIAL	TY NO.	17. INFORM	ANT	1		ADDRESS
L	74	COS NAT	L Guar	d 219-	-16-34	45\ATI	ENT.	noth		
	1B. 420,	/ 1			CAUSE	OF DEATH)			INTERVAL BETWEEN
		R CONDITION DIE	RECTLY		in	MAL	C	11 +	0 1	4-
		nean the mode of	dying, e.g.	,	DUE TO	JULY 1	sono	my Hear.	Uslus	<i>D</i>
	heart failure, asthemia, etc. It means the disease, injury or complication which caused death.)									
		CEDENT CAUSES			(B)	mys	orded	2 1/10	ndro	Λλ
	DISEASES OR C	CONDITIONS, if	any, giving		DUE TO	261		0		
	vise to the all	NOTION IOSI	stating the		(C) Y					***************************************
		11	-							
ATION	TO THE DEATH	NT CONDITIONS C BUT NOT RELA DITION CAUSING I	TED TO TI							
	19A. DATE OF OPE		DITION FOR	WHICH OPE	RATION	20A. AUT	OPSY? (Yes or N	O) 20B. IF YES, WEE	E FINDINGS CAUSES OF E	CONSIDERED DEATH?
CALC	21A. ACCIDENT W OR CONTRIBUTING DEATH (natify medi		211 hair etc	B. PLACE OF me, form, foc	INJURY (e.g., tary, street,	in ar obout 200 affice bldg., INJ	WHERE DID	(If in Baltim	nore City, give	e exect locotion)
	21D. TIME (Mo	nth) (Day) (Year)	(Haur 211	E INJURY O	CCURRED	21 F	HOW DID IN	JURY OCCUR?		
>	(APPROX.)			hile At ark	Not Wh					
	22. I certify that	(I) (this hospital) attended	the decease	d fram	2-1	_	19 66 to 5	2-2	1966
		saw the decease		2-	2_		ond ti	hat In (my) (aur) a	pinlon deat	th accurred an the date
	and have and fra	m the causes stat	ed abave.	(I) (We) (did	(dld nat)					
	23A SIGNATURE	/						/	23B, DAT	E SIGNED
	17/49	MAS			M.D. At	lending	Med. Director	Staff Phys.	2.	266
	23/C. PHYSICIAN'S NAME (Type)	V				23D. ADDRES			HOCDA	TMI
	BRIAN H.	GROSS			M.D.	M.M.	UNTUN	MEMORIAL.	HUSPI	IAL
24A.	BURIAL CREMATI	ON, 24B. DATE	24C. N	AME of CEA	AETERY or CI	REMATORY	24D. I	LOCATION	(City, town, o	r county) (State)
	Burial	2/5/66	lst	Unite	ed Eva	ng.Chu	rchCEm.	Baltimo	re M	d.
25A.	DATE REC'D BY	IEALTH DEPT.		OF REGISTRA		25C. FUN	IERAL DIRECTO		3331	ADDRESS
	FFR 3	1000 0 0	28 -	to O	0 0	。 王	F CZCP	MULLER	0001	RKEHMIZ
VS 1	50-REV. 1/1/65	1500 (1)	2.0	Cha S. N.			- un	erar Home		LHVE

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. bods sacosdae .no. onochtLes # T Mary Johns Drumm, wife, above Burdan Market Oak Lawn Countery Baltimore, No. September I make all money. Tex.

RIPTH NO.

M.E. CASE NO.

Burial

VS 150-REV. 1/1/65

REC'D BY HEALTH DEPT.

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MOS

(Type or Print)

I NAME OF DECEASED

NoRa

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

pital and of death

Such

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

A. STATE

Conne

New Cathedral Cemetery

25B. NAME OF AEGISTRAR

Registered No. 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased fixed, If institution; residence before admission) B. COUNTY (Il outside city limits, write RURAL and give township tuenne II Under 1 Yr. Months: Doys Il Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (aur) opinion death occurred on the date 238. DATE SIENED (City, town, or county) Baltimore. Md. Schimunek Funeral Home, Inc. 3331 Brehms Lane #13 ADDRESS

ance (2) contributing cause regular deceased = Was the IMPORTANI death 00 pron 9 **DIRECTOR:** regul ho chief medical burns; FUNERAL physician to the hospital °

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accident

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hospital eath)

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pital and of death Deceased

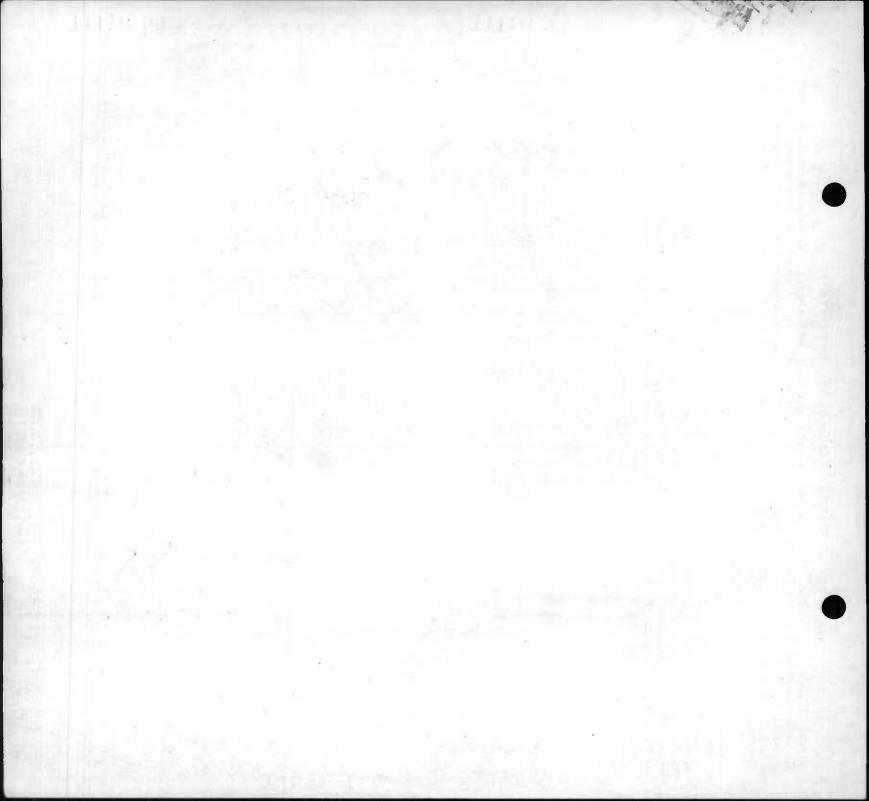
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eath.

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BALTIMORE CITY HEALTH DEPARTMENT 66 01111 CERTIFICATE OF DEATH Registered No. 66 0111 BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 1-31-66 WAGNER MARTIN 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission A. STATE B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND MARYLAND FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR address ar lacation) C. CITY OR TOWN (If outside city limits, write RURAL and give township BXLTIMORE FRANKLIN SQUARE HOSPITAL D. STREET ADDRESS GLOVER 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Un If Under 24 Hrs. 5. SEX 6. RACE WIDOWED, DIVORCED (specify) last birthday) 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of warking (fie, eyen if retired) MARYLAND 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME 15, Was Deceased Ever in U. S. Armed Farces (Yes, no or unknown) (If yes, give war ar dates al service) SECURITY NO. MEDICAL RECORDS 0 DISEASE OR CONDITION DIRECTLY SEHRRALIZED DERITONITIS ULCERATIVE COLITIS LEADING TO DEATH (This does not mean the mode of dying, e.g., heart loilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact lacation) Ü 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDI 21 F. HOW DID INJURY OCCUR? (Month) (Day) (Year) (Haur) 21E INJURY OCCURRED OF INJURY While At Nat White (APPROX.) Wark At Work 22. I certify that (1) (this haspital) attended the deceased fram... 1-31 and that In(my) (aur) apinion death occurred on the date that (1) (we) last sow the deceased alive on... ond haur ond fram the causes stated above. (I) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 23B, DATE SIGNED Stoff 6 Attending 1-31-66 Phys. approval 23D. ADDRESS prior 23C, PHYSICIAN'S Y. DE BORNA M.D. SOUKEE HOSPITAL FRANKLIN 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify

ens 2024 Criticans. HEALTH DEPT. REC'D BY

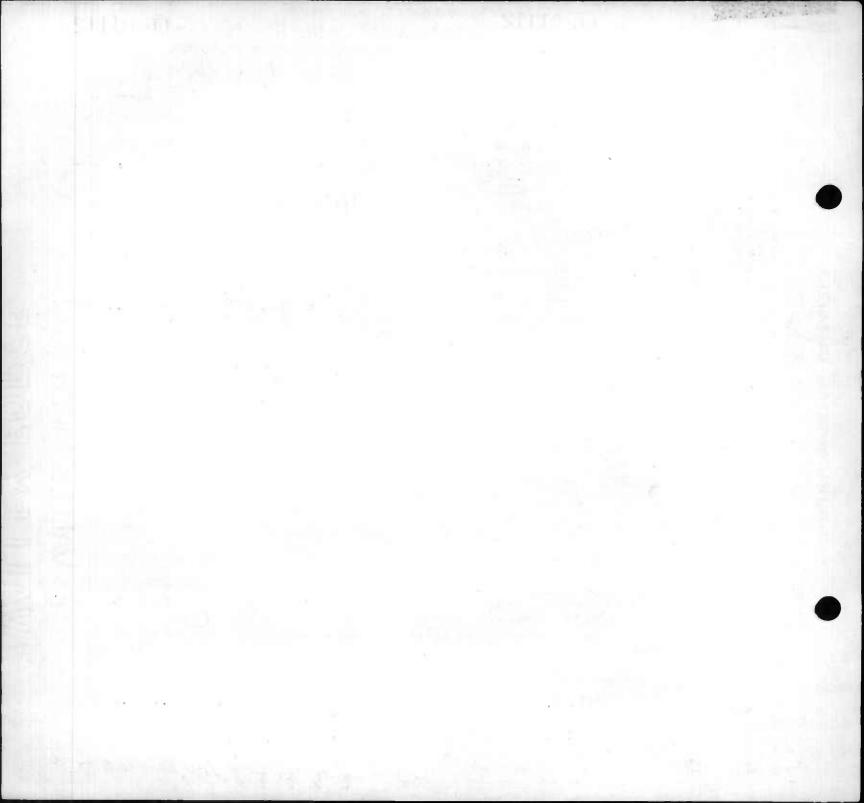


VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Registered	Na.	66_	11	11	2
				- 8 + P"	-

	H NO. CASE NO.	6 01112	CERTIFICA	ATE OF DEATH	Registered Na. 6	6 01112
1, N. (Typ	AME OF DECEASED	PESEN AK	20 MARIE	1	128/66	8-45
F	NSTITUTION Baltimo 4940 Ea	in hospitol or institution of collection of the	n, give street pitals	BALT.	tside city limits, write RU	IRAL ond give township)
5. S		re, Marylan	d, #21224			かと, 21224
	USUAL OCCUPATION (Give	WIDOV	VED DIVORCED (specily)	7/13/91	lost birthdoy)	If Under 1 Yr. If Under 24 Months: Doys Hours Mi
	during most of working life, eve	n if retired)		dtaly		WHAT COUNTRY?
13. F	FATHER'S NAME	a felden	maria	14. MOTHER'S MAIDEN NA	ME	03/1
1S. V (Yes,	Was Deceased Ever in U. S., no or unknown) (II yes, give	Armed Forces? wor or dates of service		17. INFORMANT	1010 7	ADDRESS
	18. 2 2 / / /		CAUSE	RECORDS: BCH,	4940 Eastern	I AVE., #21224
	DISEASE OR COND LEADING TO	DEATH	(A)	Preumana		ONSET AND DEATH
z	heart failure, asthenia, etc injury at camplication whi ANTECEDENT DISEASES OR CONDITION rise to the above con UNDERLYING CONDITION II	ch caused death.) 「CAUSES ONS, il any, givi ause (A) stating I N last.	(B)	Brahovarcula	Bearlent	41
ERTIFICATIO	TO THE DEATH BUT DISEASE OR CONDITION (NOT RELATED TO	THE	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIT	
C	21A. ACCIDENT WAS UND OR CONTRIBUTING CAU DEATH (notify medical exam	ERLYING SE OF	21 B. PLACE OF INJURY (e.g., nome, lorm, loctory, street,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	YES	City, give exact location)
DIC.		py) (Year) (Hour) 2	While At Not Wh	21F. HOW DID INJ	URY OCCUR?	
	tha (1) (we) lost saw this and haur and fram the co 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	e deceased alive as suses stated above.	(1) (We) (did) (did nat)	ond the view the bady ofter death. tending Med. Director 22D. ADDRESS	Stoff Phys.	on death accurred an the
24A	BURIAL CREMATION 148	DR. J. PATRI	NAME OF CEMETERY OF CI	4940 Eastern Av		town, or county) (Ste
25 A	DATE REC'D BY HEALTH	DEST. 258 NAM	Hay Paldely	25G EUNERAL DIRECTOR	wid lan 20	24 Cerleans



pital and of death Deceased

cause

hospital

Such

death.

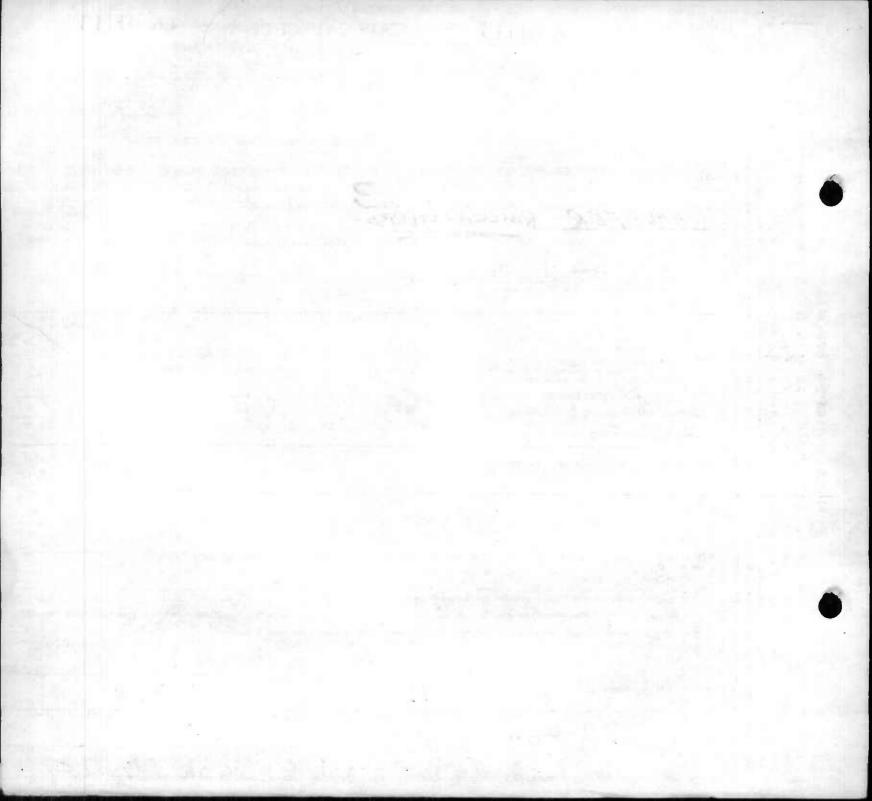
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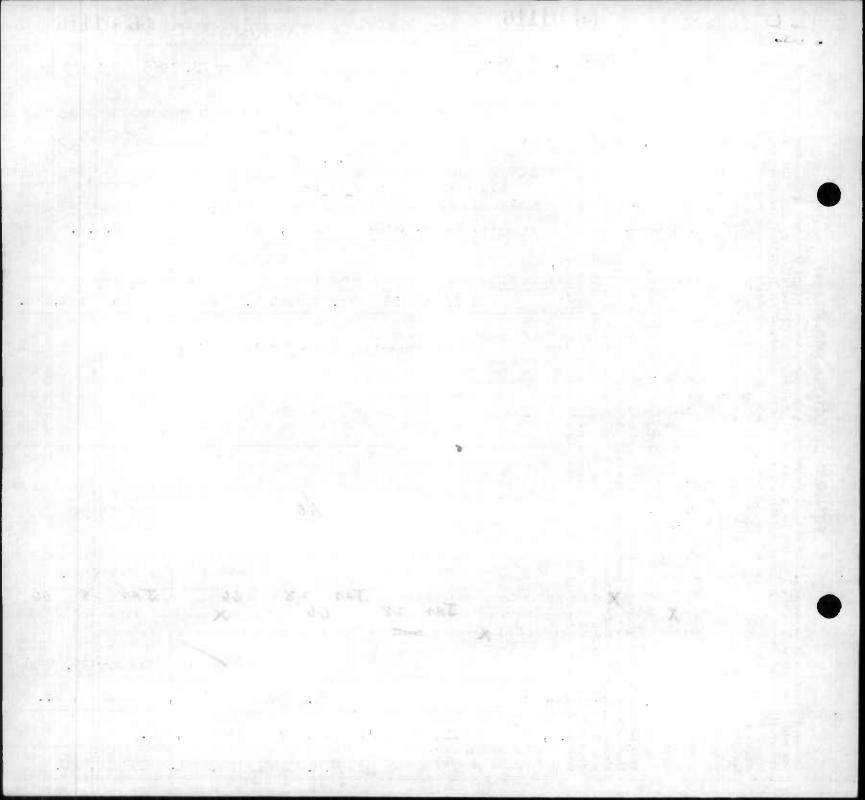


	HEALTH DEPARTMENT
	TE OF DEATH Registered No. 66
I.NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Pant) HENTSCHEL, MAUDE E.	1-29-66 2:05P M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HDSPITAL OR address or location) INSTITUTION	MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and hive township)
ST. AGNES HOSPITAL	D. STREET ADDRESS BOX 354 (If rurol, give locotion)
FEMALE WHITE TO MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED MARRIED WIDOWED, DIVORCED (specify) MARRIED MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday) 6-25-97 11. BIRTHPLACE (State or larging country) 12. CITIZEN OF
HOUSEWIFE OWN Home	MARYLAND WHAT COUNTRY?
ELMER PETTICORD	ELIZABETH COATS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	ST. AGNES RECORDS -CATON & WILKENS AVE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	rgestive searl Failure whom
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	Gorndiel Delastin whom
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	herebyed plerios clerosis un hour
DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DESASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., ii)	Trad Defeater melen
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	YES 20A. AUTOPSY? (Yes of Not 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street of pearth (notify medical examiner)	n or obout 21C. WHERE DID (If in Bolymore City, give exact tocotion) fice bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work At Work	21F. HOW DID INJURY OCCUR?
22. I certify that (+) (this hospital) attended the deceased from	JANUARY 2 19 66 10 JANUARY 29 19 66.
	29-1966and that in(my) (our) aplain death occurred on the date
and hour and from the couses stated above. (1) (We) (did (did (did (did (did (did (did (di	
23A. SIGNATURE	PSB. DATE SIGNED
	ending Med. Stoff Phys. 4 an, 29, 1966 23D. ADDRESS
1 23C. PHYSICIAN'S NAME (Type) Thomas C. Cimowett, M.D.	ST. Agres Hospital BATIMORE Mel.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CRI	MATORY 24D. LOCATION (City, town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR, ADDRESS
VS 150-REV. 1/1/65	A 1. U. SINGIETON GIEN BUTHE, MA.

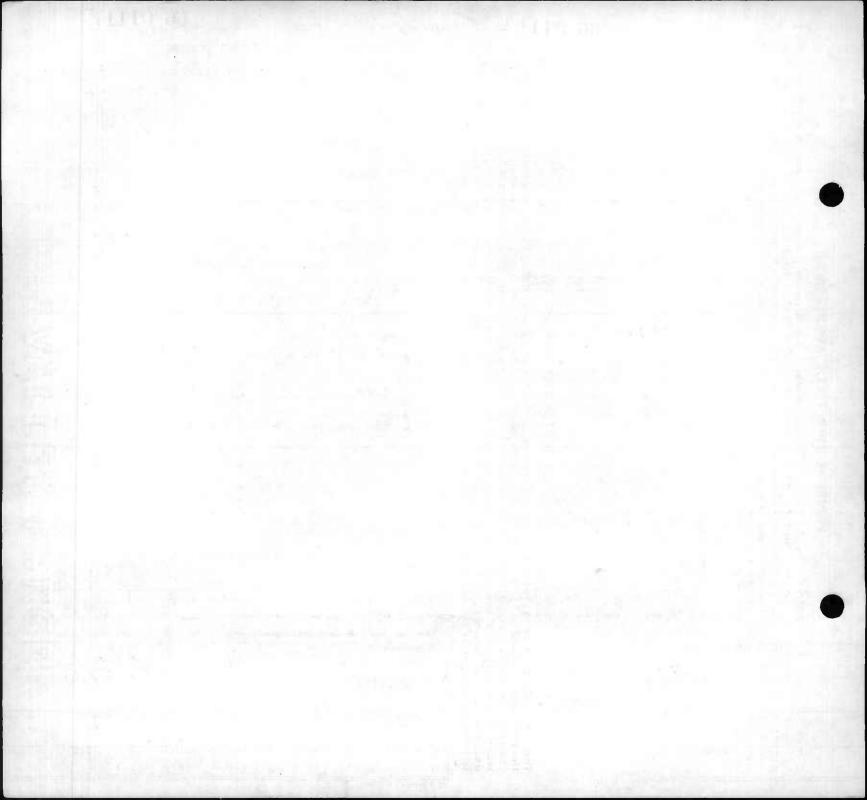
SHIP IS THE STATE Thenes & Commerce ST. June Hage I Emile I set AND BROWN SELECTION OF THE PARTY OF THE PARTY.

The bold to be the second to the second to 12 - 40 1-9 L - - - - W 17 The set by the set of 27.70 HELECT WAY BUSY DULY PAIRS Bull shirts with Sauther State Commencer

-111	66 01	4.4 C	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.		TTO	CERTIFICA	TE OF DEATH	Registered Na	. 66 01116
	F DECEASED				AND HOUR OF DEATH	Н
(Type or Pri	Robert L. S			J	anuary 28,]	1966 10:10 am A
	OF DEATH IN BALTIMORE, MA			A. STATE & COU	hare daceased livad. If	institution: residence before admission
FULL NA HOSPITA INSTITUT	L OR address or location	or Institution,	give streol		outside city fimits, write	RURAL and give township)
2				Glen Burnie		52-10
0	St. Agnes Hospit	cal		P.O. Box 604	lf rural, give location)	
5. SEX	6. RACE	WIDQWE	NEVER MARRIED D, DIVORCED (specify) TIEd	6-21-16	9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
done during	OCCUPATION (Give kind of work most of working life, even if retired) penter		e Business or Industry		,	12. CITIZEN OF WHAT COUNTRY?
13. FATHER			\	14. MOTHER'S MAIDEN N.	AME	
	UNKNOWN,	SHAFFE	R	UNK	NDWN	
15. Was Da	ceasad Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		Box 420 Ess
YE	S WWII	S Of SOIVICO	211/03/3559	Mr. Robert	L. Ross	Severna Park, Md.
1B. 4	DISEASE OR CONDITION DIR	CAUSE O	DEATH ive myocardial	infonstion	INTERVAL BETWEEN ONSET AND DEATH	
DISEA:	heat failure, asthenia, etc. II means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.					
TO T	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19-A. DATE OF OPERATION [19-8] CONDITION FOR WHICH OPERATION			100.4		
O IAY DA	WAS PERF	ORMED		100	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CO	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF	218 han etc.	no, form, factory, straet, of	fice bldg., INJURY OCCUR?	(If in Baltima	ore City, give exact location)
OF INJ	URY		INJURY OCCURRED ile At	21F. HOW DID IN	JURY OCCUR?	
that 🌂	that (We) lost saw the deceased alive an JAN 28 19 66 and that in (We) (aur) apinion death occurred an the and hour ond from the causes stated above. (Me) (did) (and not) view the body ofter death. 23A. SIGNATURE					238, DATE SIGNED
23C. PH	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS					
24A PIIBIA	Dr. Manfred Amrh		M.D.			, Baltimore, Md.
	CREMATION, 248. DATE VAL (Specify)		AME of CEMETERY of CRE		Baltimore,	City, town, or county) (State)
			Baltimore Nat	25C. FUNERAL DIRECTO		ADDRESS
FE	3 3 1966 (P.Q.)	78,30	Lew Mile			EN BURNIE, MD.
VS 150-REV	. 1/1/65				the same	



VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

BALTIMORE	CITY	HEALTH	DEPARTMENT
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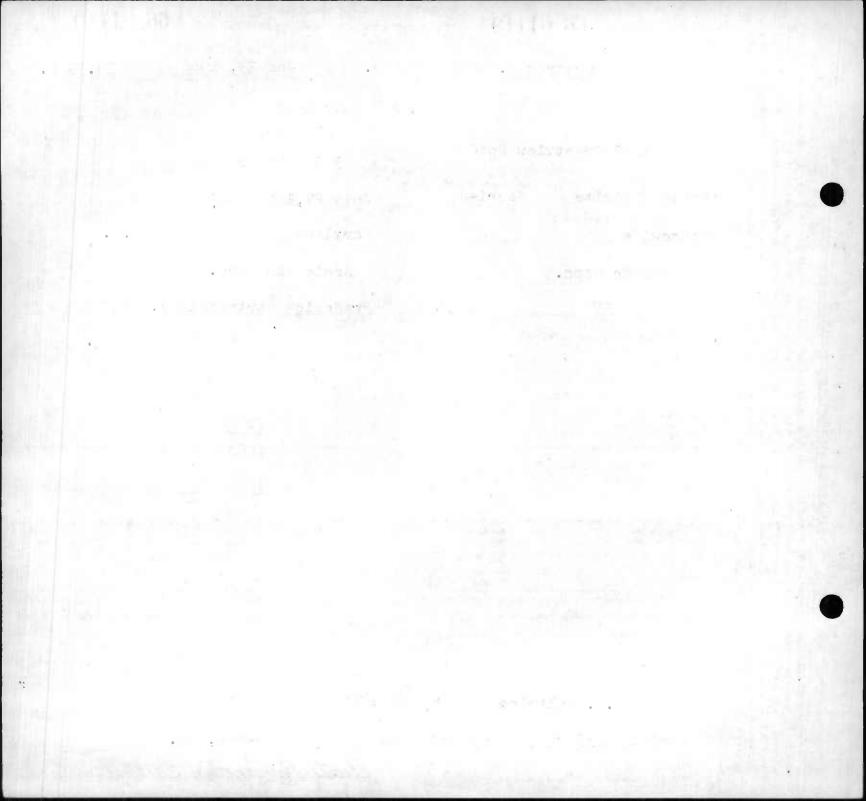
	H NO.		66 011.5	S CERTIFICA			Registered No.	6 UIII8
1. N	AME OF DEC	EASED				2. DATE AN	ND HOUR OF DEATH)
	e or Print)		I. TYLER				anuary 1966	
C	ULL NAME OF DEA	(Il not i oddress	n haspital ar institut or lacotion)	2-9-66	4. USUAL RESID A. STATE Md. C. CITY OR TOW Baltimo D. STREET ADDR 723 S.	B. COUNTYN (If ou	rurol, give lacotion)	RURAL and give tawnship)
5. S	EX	6. RACE		RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	Н	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Days Hours! Min.
Fe	emale	White		dowed	13 May 1	877	88	Troning Day's Hoors Trains
		working lile, ever		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (ign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13.	FATHERS NAM				14. MOTHER'S M	AIDEN NA	ME	
	Wm.	Schock	ley	. 7	M	artha	Dishron	
(Ye:	Was Deceased ,,na ar unknawn	Ever in U. S.	Armed Farces? war or dotes of servi	ce) 1 6. SOCIAL SECURITY NO.	Mrs. Av	Pack Burk	us Aus,723 S. P	ADDRESS
- î	18. 4 0	20.11		CAUSE O			,	INTERVAL BETWEEN
	(This does reheart foilure, injury or can	LEADING TO not meen the osthenio, etc. application which ANTECEDENT OR CONDITION	mode of dying, II meons the dise th coused deoth.) CAUSES DNS, if ony, gi	e.g., DUE TO ose, (B)	vascular Disease			10 yrs.
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							1 14 10
CERTIFICATION	0		WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDE IN CERTIFYING CAUSES OF DEATH?			AUSES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., ir hame, form, foctory, street, all DEATH (notify medical examiner)				in at about 21 C. WHERE DID (II in Baltimore City, give exact lacation) affice bldg., NJURY OCCUR?			
MEDI	21D. TIME OF INJURY (APPROX.)	JRY While At The Net Whi						
	that (I) (we)	of from the co	deceased alive	e. (1) (We) (did) (didawn) v Doug M.D. Atte	lew the body of hiding Mis. Mis. Mis. Mis. Mis. Mis. Mis. Mis.	ed.	hat in (my) (suz) op	inion death occurred on the date
24/	BURIAL CRE REMOVAL (burial	Specily)	-31-65	C.NAME of CEMETERY of CRE Parkwood Cemet			ltmore Count	ity, town, or countyt (Stote)
254	DATE BEC'D	3 HEALTH		ME OF REGISTRAR	Ullrich		ral Home, Ba	Address

VS 150-REV. 1/1/65

Such

prior to death.

				Y HEALTH DEPARTMENT	ee 01110
	H NO.	66 (11119 CERTIFICA	TE OF DEATH Registered No	66 01119
1. N	AME OF DE	CEASED		2. DATE AND HOUR OF DEATH	1
(Тур	e or Print)	Margar	et A. Bartenfelte	r. Jan 29, 1966	10.30 P. M.
3. F	LACE OF DE	EATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived. If A. STATE B. COUNTY	institution: tesidence before admission)
l F	OSPITAL DR		or institution, give street n)	C. CITY OR YOWN (If outside city limits, write	RURAL and give township)
1)			Baltimore	
0		1803 Crestv	iew Road	D. STREET ADDRESS (If turol, give locotion) 3830 Hickory Ave	
5. \$		6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9, AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	emale	White	Married 108, KIND OF BUSINESS OR INDUSTRY	July 27, 1902 63	12. CITIZEN OF
		f working life, even if retired)	Too. WITE OF BOSINESS OR INDOSTRI	The biking country	WHAT COUNTRY?
	Housew			Maryland	U.S.
13.	FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME	
	Joh	n Mc Cann.		Annie Van Horn.	
15.	Was Decease	d Ever in U. S. Armed For	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS Ave
	no	no	?	Frederick Bartenfelte	m 2820 Hickory
-	18. / 7	201	CA/USE D		INTERVAL BETWEEN
	//	ASE OR CONDITION DI	PECTIV / L	100	ONSET AND DEATH
		LEADING TO DEATH	(4)	rucer of Trans	- 9 mouth
		not meon the mode of osthenio, etc. Il meons			
		mplication which coused			
		ANTECEDENT CAUSES	(B)		
	DISEASES	OR CONDITIONS, if			
		he obove couse (A)	stoling the (C)		
	ONDERLIN	TO CONDITION 10SI,			
ATION	TO THE	II NIFICANT CONDITIONS OF DEATH BUT NOT RELA R CONDITION CAUSING	ATED TO THE		
ERTIFIC	19A. DATE O	OF OPERATION 198. CON WAS PER	IDITION FOR WHICH OPERATION FORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
AL CE	21 A. ACCID OR CONTRIB DEATH (notif	ENT WAS UNDERLYING DUTING CAUSE OF medical examiner	218. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)	in or obout 21 C. WHERE DID (If in Boltimo	ore City, give exact location)
DIG	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ξ	(APPRDX.)		While At Not Whi		1.
	20 1 10		Work At Work	111	Pulled 19 61
			1) ottended the decrosed from	19 66 and that in (my) (sun) or	19.00.
		lost sow the deceos	7 /11		pinion death occurred on the date
			red obove. (1) (Me) (did) (414 dol)	view the body ofter deoth.	
	23A. SIGNAT	hat I all			23 B. DATE SIGNED
	11	1 TELFE	M.D. Att	ys. Director Phys.	2-1-66
	23 C. PHYSICE			23D. ADDRESS	
		- 1/	frich M.D.	5006 Roland Ave	
244	BURIAL CR	EMATION, 248. DATE	24C. NAME of CEMETERY OF CR		City, town, or county) (State)
25A	Buri	al 2/3/66 D BY HEALTH DEPT.	Prospect Hill	Towson, Md.	ADDRESS



66 011	BALTIMORE C	TY HEALTH DEPARTMENT	66 01120
BIRTH NO.	CERTIFIC	ATE OF DEATH	egistered No.
M.E. CASE NO. 1. NAME OF DECEASED		2, DATE AND HO	UR OF DEATH
(Type or Print)	1.1		4.4
Lera M. 3. PLACE OF DEATH IN BALTIMORE, MAR	warner.	January	
3. PLACE OF DEATH IN BALTIMORE, MAN	RTLAND	4. USUAL RESIDENCE (Where dece	osed livod. If institution: residence before admission)
FULL NAME OF (If not in hospital of HOSPITAL OR oddress or location INSTITUTION	or institution, give street	C. CITY OR TOWN (If outside ci	ty limits, write RURAL and give township)
THE STATE OF THE S		Poltimone	
7 700 7 61		D. STREET ADDRESS (If rurol, g	ive focotion)
708 Berry St.	•	700 D G+	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	708 Berry St.	
5. SEX 6. RACE	WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AG	E (In yoors If Under 1 Yr. , If Under 24 Hrs. Months; Doys Hours Min.
Female White	Married	June 5.1895	70
OA. USUAL OCCUPATION (Give kind of work	10B. KIND OF BUSINESS OR INDUS	RY 11. BIRTHPLACE (State or foreign cou	ntry) 12. CITIZEN OF
done during most of working life, even if retired)			WHAT COUNTRY?
Housewife.		Maryland 14. MOTHERS MAIDEN NAME	U.S.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Description Carte			
Franklin Zentz. 5. Was Deceased Ever in U. S. Armed Force		Elizabeth Fli	ckinger.
(Yes, no or unknown) (If yes, give war or date:	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no no	?	Jacob E. Warner	.708 Berry St.
18. / 7 /	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIR	ECTLY		ONSET AND DEATH
LEADING TO DEATH		aceunya	1/ Mulleray)
(This does not meen the made of	dying, e.g., DUE TO		
heart failure, asthenia, etc. It means		fleet re	secret Luga
injury ar camplicolian which coused		3 2 2 1 / 1 1	1 Jean
ANTECEDENT CAUSES	(B)	A Maria	
DISEASES OR CONDITIONS, if		0. 200	T
rise la lhe abave couse (A)		+ ruerty	lases
UNDERLYING CONDITION 1051.			
OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT			
19A. DATE OF OPERATION 19B. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B.	IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONI WAS PERF		IN (IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INITION	, in or obout 21 C. WHERE DID	(If in Boltimore City, give exect location)
OR CONTRIBUTING CAUSE OF	homo, form, foctory, street	office bldg., INJURY OCCUR?	tit in solitinoto City, give exoct locotion!
DEATH (notify medical examiner)	otc.)		
O 21D. TIME (Month) (Doy) (Year)	(Hour 21E INJURY OCCURRED	21F. HOW DID INJURY O	CCUR?
< OF INJOKI	While At Not V		
(APPROX)	Work AI W		4
22. I certify that (I) (this hospital)) ottended the deceased from	10 1960	0 to Jan 29 1966
1		-//	71
that (I) (we) lost sow the decease	140	/	my) (our) optation death occurred on the dal
and hour and from the causes state	ed obove. (I) (We) (old) (did not) view the body ofter death.	
23A. SIGNATURE	27		23B, DATE SIGNED
to en el el		Attending Med. Stoff	2/1/1/2
Junare 1		Phys. Director Phys.	4/1/66
230 PHYSICIAN'S NAME (Type)	1 = -	23D. ADDRESS	the
LOGOLADA	MALKENSTER	6 848 W 36	
CE O / Y /T /C U	DIG NAME / CENTERS	CREAMATORY	ON (62)
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of	GREMATORY 24D. LOCATI	ON (City, town, or county) (State)
	Obb New Oakland	Conne	all Co Md
25A. DATE REC'D BY HEALTH DEPT.	966 New Oakland.	(25G-FUNERAL DIRECTOR)	ADDRESS a
FEB 3 1966 Q.P. 5	C . E. O	XT 7 18X)	1 2010 VO Warel
1200 (CONTO	E, Variania	Muslimahono	vien - 38 18 potangue
VS 150-REV. 1/1/65	7.0000		

77 7200 A Programme A Prog tine nilia . A CONTRACTOR T.A. Will . I Joseph

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

deceased prior to death); and (6) No physician was in regular attendance on the deceased

Such

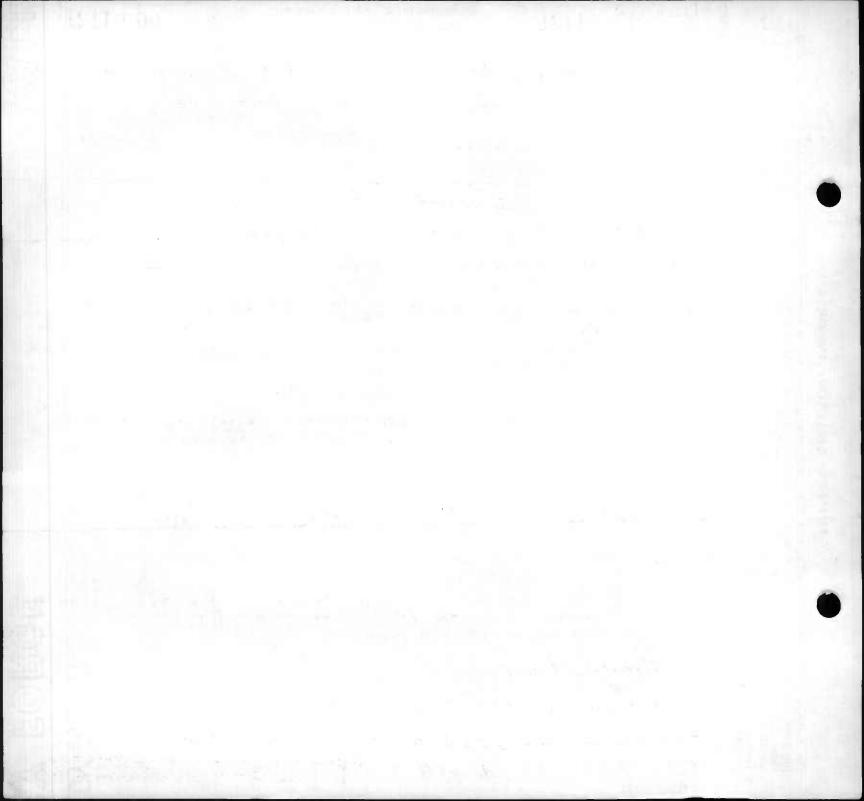
prior to death.

a hospital and

6-63040	BALTIMORE CITY	HEALTH DEPARTMENT		00 04404
BIRTH NO. 60 -03246 01121	CERTIFICA	TE OF DEATH	Registered Na.	66 01131
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Tunn or Bont)	VARLES W.	FER	1 191	1 2.15 00
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	JACE 3	4. USUAL RESIDENCE (Where	deceased lived. If insti	Lution: residence before admission
FULL NAME OF (If not in hospital or institu	tion, give street	MO. BAL	TIMORE	
HOSPITAL OR oddress or location)	300	C. CITY OR TOWN (If outsi	de city limits, write RU	RAL ond give township)
~ · · · · · · · · · · · · · · · · · · ·		BALTIMORE		30-05
UNIVERSITY HOS	FITAL	D. STREET ADDRESS (If ro		
		2524 001	BNEY ST.	
	OWED, DIVORCED (specify)	2 5 2 4 DUZ. 8. DATE OF BIRTH 2 / 3 / 6 0 11. BIRTHPLACE (Stote or foreign	AGE (fn years st birthdoy)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
	DOF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
ine during most of working life, even if retired)	-	MARYINA	, A	050
FATHERS NAME		MARYLAN 14. MOTHER'S MAIDEN NAM	E	
CHARLES M. STU	1172	CATHERIN	E MOHA	2
5. Was Deceased Ever in U. S. Armed Forces? es,no or unknown)(It yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		MOTHER	2574 DUL	OUFY ST
18. 75-2 X	CAUSE O	MOTHER .		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) E:	PENDYMITIS.	Post	I WEEK.
(This does not mean the made of dying, heart failure, asthenia, etc. 11 means the dis	e.g., DUE TO ease,	PENDYMITIS.		
injuly at camplication which caused death.)				
ANTECEDENT CAUSES		DROCEPHALUS.		
DISEASES OR CONDITIONS, if any, g	iving Go	UBDUCT OF	3 STRUSTION	BIRTH.
rise to the abave couse (A) stoting UNDERLYING CONDITION lost,	A C	VEDUCT OF	51111145	
The state of the s		,	720,00	
OTHER SIGNIFICANT CONDITIONS CONTRIB				
TO THE DEATH BUT NOT RELATED TO) THE			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	NDINGS CONSIDERED
3 1/20/60 HYOK	COCEPHALUS	YES		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or obout 21 C. WHERE DID	(If in Boltiglore	City, give exact location)
DEATH (notity medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)		21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	While At Not While Work At Work			
22 1 21 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	77.018			1: 10//
22. I certify that (I) (this haspital) attend	_ /	•		
that (I) (we) last saw the deceased alive	an 2 / 1	19 <u>6.6.</u> and tha	t in (my) (aur) apini	an death accurred an the da
and have and from the causes stated aba	ve. (I) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE				38. DATE SIGNED
Roused of au	M.D. Att		Stoff Phys.	
23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS		
	M.D.	UNIVERSI	TY 120:	SPITAL
AA. BURIAL CREMATION, 248. DATE 2	4C. NAME of CEMETERY OF CR			town, or county) (State)
REMOVAL (Specify)	/		70	411
DUNIAL L-4-66	GLEN HAU.	EN GL	EN DUPNIC	= / //4
FFR 3 : 10CC A C	T.O. REGISTRAK	25C. FUNERAL DIRECTOR	46 FUNER	46 1400AE
FED at 1965 (2.7) No. 24.5	39-06-14. 44 8 (3)	O Willer I Carlos	melle Deal	7 11 1/11

1966 Q. C. J. E. For Runa C

3 FEB V\$ 150-REV. 1/1/65



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X -		0	()
4 /		-	

BIRTH NO. 66 DI MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered Na.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) LILLIE KATZ	January 31, 1966 9:30 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admis A. STATE Maryland B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN (II outside corporate limits, write RURAL and give township)
1241 W. Baltimore Street	Baltimore D. STREET ADDRESS (II rure), give locotion!
January Saltimore Street	1241 W. Baltimore Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24
Female White Widowed Widowed	May 9, 1882 lost bighdoys Months Doys Hours N
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) PROPRIETOR CLOThowa Sales	MARYLAND 12. CITIZEN OF WHAT COUNTRY? MARYLAND
B. FATHERS HAME	14. MOTHER'S MAIDEN NAME
FIRANZ A. KLEIN	ELisa Schaub
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown!, (II yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
NO NONE 217-22-2111	IFRANCIS A. MATZ 3833 WILKENS AUE
18. / 9 / 1 CAUSE	OF DEATH INTERVAL BETWE
DISEASE OR CONDITION DIRECTLY	
	iosclerotic cardiovascular
(This does not mean the mode of dying e.g., heart follow, astherior, etc. It means the disease, injury or complication which caused death.)	dí x ease
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (AI STATING THE UNDERLYING CONDITION LAST.	
U II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) lifice bldg., INJURY OCCUR?
21D TIME (Month) (Doyl (Year) (Hourl 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE ORK
22.	capsy and that an this basis, death in my apinion
resulted fram: Natural causes X Accident Suicid	e Hamicide Undetermined manner
0060	CHIEF MEDICAL EXAMINER [X]
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 1-31-66
NAME (Type) Russell S. Fisher, M. D.	
REMOVAL (Specify)	2 /
BUPINE 2-3-66 LORPHINE 24A, DATE REC'D BY HEALTH DEPT. 124B, NAME OF REGISTRAR	124C. FUNERAL DIRECTOR (ADDRESS
A 90 A	GEO. L. Schwab HUNERAL HOME
	Francis H-Malle 2101 Frederick
VS 151-REV. 1/1/65	

de la company de l'agrecia

to death. Such

prior

attendance on

		00 01	102	BALTIMORE CITY	HEALTH	DEPARTMENT	6	66 01123
BIR	H NO.	66 0	1750	CERTIFICA	TE O	F DEATH	Registered Na.	o o entro
	L CASE NO.			CERTIFICA				
	AME OF DEC	EASED				2. DATE AN	D. HOUR OF DEATH	. 0
Пу	e or Print)	RADION	ILCHO	CK		Janus	ary 31, 196	6 1 1 M
3.	LACE OF DE	ATH IN BALTIMORE A		OK .	4. USUA	L RESIDENCE (When	e deceased lived. If in	nstitution: residence before admission)
					A. STATI	B. COUN	TY	
	Century	oddress or loco	tion)	ion, give street	D. STREE	Itimore IT ADDRESS III	rural, give location)	ARURAL and give township)
					10	2 N. Paca	St.	
'	Male	White	WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify) dowed	B. DATE	/1877	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
			ork 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTH	PLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
don	e during most of	working life, even il retire	d)		D.,	ssia		
					-			USA
13.	FATHER'S NAM	ME			14. MOT	HER'S MAIDEN NA	ME	
	Unkno	own				Unknown		
15. (Ye	s, no or unknown	(If yes, give wor or d	Forces? lotes of serv	ice) 16. SOCIAL SECURITY NO.	17. INFO		W 7.00	ADDRESS
	Unk.					tury Nursi	ng Home 102	N. Paca St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. II meons the disease,					dic Lic	Nespun	the Fail	INTERVAL BETWEEN ONSET AND DEATH
		nplication which cous			10	2000		
		ANTECEDENT CAUS	ES	(B) (E)	fec.	receive	re cul	
	DISTASES	OR CONDITIONS		DUE TO	(Erten	osclero.	
		OR CONDITIONS, is	,		- 1			-
		G CONDITION last.	a) storing	The (C)	2 1			
				-	NU	acre 5		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				,			
CERTIFICA	19 A. DATE OF	OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDE IN CERTIFYING CAUSES OF DEATH?		FINDINGS CONSIDERED AUSES OF DEATH?		
CAL CE	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner		21B. PLACE OF INJURY (e.g., i home, form, foctory, street, or etc.)	n or obout ffice bldg.,	21 C. WHERE DID INJURY OCCUR?	(If in Boltimo	re City, give exact location)
EDIC	21D. TME	(Month) (Doy) (Ye	or) (Hour)	21E INJURY OCCURRED		21 F. HOW DID INJ	URY OCCUR?	
ME	(APPROX.)			While At Not While Work At Work				

and that in (my) (our) opinion death occurred an the date

and haur ond from the causes stoted abave. (1) (War) (a) (did nat) view the bady after death.

hospital) attended the deceased

PHYSICIAN'S NAME (Type)

Attending Phy s. Med. Director Stoff Phys. 23D. ADDRESS

50

23B, DATE SIGNED

BURIAL CREMATION, DA

24D. LOCATION or county)

(Stote)

2/3/66 1966 CTD

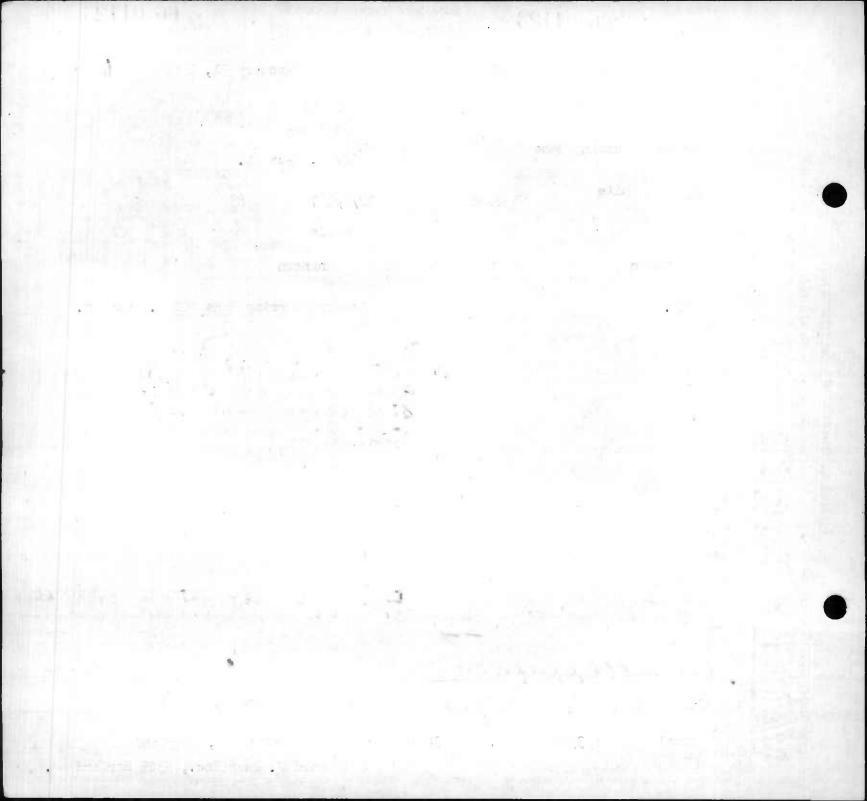
Mt. Carmel Cemetery

Baltimore 25C. FUNERAL DIRECTOR

ADDRESS

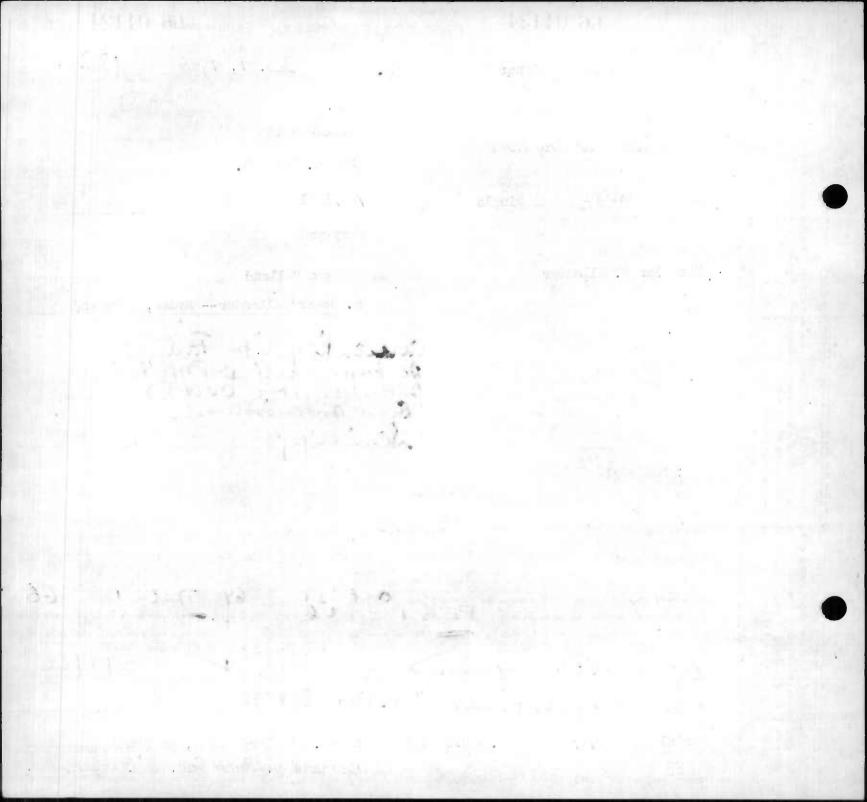
VS 150-REV. 1/1/65

Leonard Ruck Inc., 5305 Harford Rd.



00 04	BALTIMORE CIT	Y HEALTH DEPARTMENT	00 01101
BIRTH NO. 66 U1	CERTIFICA	TE OF DEATH Registered N	66 01124
I. NAME OF DECEASED		2. DATE AND HOUR OF DEA	TH SC
(Type or Print) Helen	Agnes Alleno	der Feb. 1, 1966	1 2. mg M
3. PLACE OF DEATH IN BALTIMORE, MAR	YLAND	4. USUAL RESIDENCE (Where deceased lived. I	f institution: residence before admission)
FULL NAME OF (If not in hospital or	r institution, give street	Md	1-12
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outside city limits, with	te RURAL and give township)
		Baltimore	
Mid Town Nursing	g Home	D. STREET ADDRESS (If rural, give location)	
0		808 St. Paul St.	
5. SEX 6. RACE 7	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
temale white		0/00/2002	
10A, USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done suring most of working me, even it remed)		Maryland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	USA
377 . 1 9			
Nicholas B. Allender 5. Wos Deceased Ever in U. S. Armed Force	es? 16. SOCIAL	17. INFORMANT Holland	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes	of service) SECURITY NO.		
No		Mr. Howard Allender Hy	des, Maryland
18.420.11	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	CTLY	in Out In	0. 0
LEADING TO DEATH (This does not meon the mode of	dvina an	wi- wormany Ta	illy of
heart failure, asthenia, etc. It means	the diseose,	hyrcardial Info	netim
injury or complication which coused	deoth.)	eumlerrour CVIX	1
ANTECEDENT CAUSES	DUE TO	0-18:11 18:15	
DISEASES OR CONDITIONS, if o		mi Handererseerest	2
UNDERLYING CONDITION IOSI.	Sioning in (c)	Parality.	
11			
O THE DEATH BUT NOT RELAT		,	
DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. COND	ORMED	20 A. AUTOPSY? (Yes or No) 208. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
× O	Into a constant		
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street,	office bldg. INJURY OCCUR?	nore City, give exact location)
DEATH (notify medical examiner)	etc.)		
OF INJURY (Month) (Doy) (Yeot)		21 F. HOW DID INJURY OCCUR?	
(APPROX.)	White At Not Wh		
22. I certify that (I) (this hospital)		Act 21 1964 to =	126- 1966
that (1) (we) last saw the deceased	1-72	19 and that in (my)	
			opinian death accurred on the date
and haur and fram the causes state 23A. SIGNATURE	ed abave. (I) (We) (and)	view the bady atter death.	DATE SIGNED
23A. SIGNATURE	A C TON A!	lending Med. Stoff	238. DATE SIGNED
lularitet		ys. Director Phys.	2/166
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
Williams Appl	EFEZI) MO	5907 Jank Heights	N.
24A. BURIAL CREMATION, 248. BATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CI	EMATORY 24D. LOCATION	(City, town, or county) (State)
	St Johns Tone C	moon Com	Wa 2 1
	St. Johns Long G	reen Cem. Long Green,	Maryland
FEB 3 1966 @ 0.	and the Deman	Leonard J., Ruck Inc	. Baltimore. Md.
15 150 PSV 3 (1/45	of Manager		

VS 150-REV. 1/1/65



Such

to death.

TARK NO. CERTIFICATE OF DEATH CERTIFICATE OF DEATH D. DATE AND HOUR OF DEATH D. DATE AND HOUR OF DEATH TARKE OF DEATH FULL ADART OF (If not in hespital on institution, give sheet office of the property of the prope			66.0	1195	BALTIMORE CITY	HEALTH DEPARTMENT		00 0110):
TARK NO. TARK M. MILLER T. RACE OF DEATH IN BATIMORE MARICAND INSTITUTION INSTITUTION INSTITUTION IT CARLE DEATH IN BATIMORE MARICAND INSTITUTION INSTITU	BIRT	TH NO.	00 0	LIGO	CERTIFICA	TE OF DEATH	Registered Na	GO OIL	(1)
TARK M. MITTER TACE OF DEATH IN BAZIMORE MARICANO FULL NAME OF Ill not in bespiral a institution, give steed defects of because of the state of th			EASED				ND HOUR OF DEATH	н	
LEVENT OF DEATH IN BALTMORE, MARILAND FULL NAME OF THE ACTION OF THE STATE OF THE	Ту		CTARK M.	MITTED		Tom	27 7066	110	:30 A.
C. CHT OR TOWN (If outsided typinds, welle RUEAL and give townships)	3. 1		O TT 2 T P T T T T T T T T T T T T T T T			4. USUAL RESIDENCE (Wh	ere deceased lived. If	institution: residence	before admission
1. SEX MARIE MILES NAVE MARKED NEVER MARKED WOOMED STREET ADDRESS (III rute, give location) 1. SEX MILE B. RACE (IV) MILE WOOMED NEVER MARKED NEVER MARKED WOOMED STREET ADDRESS (III) MILE WOOMED DIVORCED (specify) MILY 11, 1887 MONTH TO BE CONTINUE AND COUNTRY MARKED WOOMED DIVORCED (specify) MONTH TO BE COUNTRY WORLD NAVE TO BE COUNTRY OF MARKED WORLD STREET AND COUNTRY WORLD NAVE (III) DEFAILED CALIFOLDS ADDRESS (IV) MONTH TO FRAING OF WHAT COUNTRY WORLD NAVE (III) MONTH TO SIMULATE TO BE COUNTRY WOOMED NAME FLORA SIMULATION OF WHAT COUNTRY WORLD NAME SECURITY NO. MONTH AND COUNTRY WOOMED NAME TO SAME ADDRESS (IV) MONTH AND COUNTRY WOOMED NAME FLORA SIMULATION OF WHAT COUNTRY WOOMED NAME SECURITY NO. MONTH AND COUNTRY WOOMED NAME TO SAME ADDRESS (IV) MONTH AND COUNTRY WOOMED NAME FLORA SIMULATION OF WHAT COUNTRY WOOMED NAME TO SAME ADDRESS (IV) MONTH AND COUNTRY WOOMED NAME FLORA SIMULATION OF WHAT COUNTRY WOOMED NAME DISEASE OR CONDITION (I also giving giving into its bear of country which coused death) ANTECODER CAUSE (A) sloting the UNDERLY COUNTRY WOOMED NAME (I also see so, injury or complication which coused death) ANTECODER CAUSE (A) sloting the UNDERLY COUNTRY WOOMED NAME (I also see so, injury or complication which coused death) ANTECODER CONDITION (A) sloting the UNDERLY COUNTRY WOOMED NAME (I also see so, injury or complication which coused death) MONTH SINCE SONDER AND COUNTRY WOOMED NAME (I also see so, injury or complication which coused death) MONTH SINCE SONDER AND COUNTRY WOOMED NAME (I also see so, injury or complication which coused death) MONTH SINCE SONDER AND COUNTRY WOOMED NAME (I also see so, injury or complication which coused death) MONTH SINCE SONDER AND COUNTRY WOOMED NAME (I also see so, injury or complication which coused death) MONTH SINCE SONDER AND COUNTRY WOOMED NAME (I also see so, injury or complication which coused death) MONTH SINCE SONDER AND COUNTRY WOOMED NAME (I also see so, injury or complication which coused death) MONTH SINCE SOND	- 1	HOSPITAL OR			give street		utside city limits, write	RURAL ond give t	ownship)
1.551 Sherwood Ave. 1.561 Sherwood Ave.)	מולדי מצ					#12		
S. SEC S. RACE 7. MARRIED, NEVER MARRIED S. DATE OF BIRTH 19. ABEL (in years Month) 19. ABEL (in years)		1551 SU	erwood Ave.						
Male White Warried Divoscell specify Married (19. Hours Married) (5. 9	EX	6. RACE	7. MARRIED.	NEVER MARRIED			If Under 1 Ye	If Under 24 Hrs
No w York WHAT COUNTRY WHAT CO	1	Male	White	WIDOWED	n DIVORCED (specify)	July 11, 1887	78	Months Doys	
Albert Miller S. West Deceased Ever in U. S. Armed Forces? Tes, no at winknown? Iff yes, give wer of doles of service) NO 16. SOCIAL SCURITY NO. 17. INFORMANT Mrs. Elfleda Miller (SAME) CAUSE OF DEATH OINSET AND DEATH O				BUSINESS OR INDUSTRY		WHAT CO	UNTRY?		
SECURITY NO. No	13.	FATHERS NAM		iller		14. MOTHER'S MAIDEN NA		immons	
SECURITY NO. No	5	Was Deceased	Fuer in 11 S Armed For	?	1 6 social	17 INCORMANT		ADDS	222
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart feiture, astheria, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving itse to the above couse (A) stoling the UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH GOVERNORMED 13 13A. ACCIDENT WAS UNDERLYING OR CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING TO RELATED TO THE DEATH Intelly medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID OR CONTRIBUTING CAUSES OF DEATH? 10 THE DEATH (Indify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hourd 21E. INJURY OCCUR? 21D. TIME (Month) (Doy) (Year) (Hourd 21E. INJURY OCCURRED Work AT	Ye	s, no or unknown)	(If yes, give wor or dote	s of service)			iller		
Disease or condition Causing It. 198. Condition for which operation 198. Condition for which operation 20a. Autopsy? (Yes or No) 20B. If Yes, were findings considered In certifying causes of death? 21a. Accident was underlying 21b. Place of injury (e.g., in or about 21c. where did not certifying causes of death? 21a. Accident was underlying 21b. Place of injury (e.g., in or about 21c. where did not certifying causes of death? 21a. Accident was underlying 21b. Place of injury (e.g., in or about 21c. where did not certifying causes of death? 21a. Accident was underlying 21b. Place of injury occur? 21b. Time (Month) (Doy) (Year) (Hour) 21E. Injury occurred 21b. How did injury occur? 21b. Time (Month) (Doy) (Year) (Hour) 21E. Injury occurred 21b. How did injury occurred 21b. How		heart failure, injury or com A DISEASES O rise to the	asthenia, etc. II means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if above couse (A)	the disease, death.)	DUE TO	bertension &	arterios	clerosis	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) Death (notify medical examiner) Death (notify	ATION	TO THE DE	EATH BUT NOT RELA CONDITION CAUSING I	TED TO THE	00 00 /				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) Death (notify medical examiner) Death (notify	WAS PERFORMED 198. CONDITION FOR WHICH OPERATION (2004. AUTOPSY					ZOA. AUTOPSY? (Yes or N	IN CERTIFYING C	E FINDINGS CONSI AUSES OF DEATH?	DERED
22. I certify that (1) (this hospital) attended the deceased from 1960 and that in (my) (see) opinion death occurred an the deceased alive on 1960 and that in (my) (see) opinion death occurred an the deceased alive on 1960 and that in (my) (see) opinion death occurred an the deceased alive on 1960 and that in (my) (see) opinion death occurred an the deceased from 1960 and that in (my) (see) opinion death occurred an the deceased from 1960 and that in (my) (see) opinion death occurred an the deceased from 1960 and that in (my) (see) opinion death occurred an the deceased from 1960 and that in (my) (see) opinion death occurred an the deceased from 1960 and that in (my) (see) opinion death occurred an the deceased from 1960 and that in (my) (see) opinion death occurred an the deceased from 1960 and that in (my) (see) opinion death occurred an the deceased from 1960 and that in (my) (see) opinion death occurred an the deceased from 1960 and that in (my) (see) opinion death occurred an the deceased from 1960 and that in (my) (see) opinion death occurred an the deceased from 1960 and that in (my) (see) opinion death occurred an the deceased from 1960 and that in (my) (see) opinion death occurred an the deceased from 1960 and that in (my) (see) opinion death occurred an the deceased from 1960 and that in (my) (see) opinion death occurred an the deceased from 1960 and that in (my) (see) opinion death occurred an the deceased from 1960 and that in (my) (see) opinion death occurred an the deceased from 1960 and that in (my) (see) opinion death occurred an the deceased from 1960 and that in (my) (see) opinion death occurred an the deceased from 1960 and that in (my) (see) opinion death occurred an the deceased from 1960 and that in (my) (see) opinion death occurred an the deceased from 1960 and that in (my) (see) opinion death occurred an the deceased from 1960 and that in (my) (see) opinion death occurred an the deceased from 1960 and that in (my) (see) opinion death occurred an the deceased from 1960 and that in (my) (s		OR CONTRIBU	TING CAUSE OF	hom	e, form, foctory, street, o		(If in Boltimo	ore City, give exact	locotion1
that (1) (we) tast saw the deceased alive on Jan 24 1962 and that in (my) (see) expinion death occurred an the decand have and from the causes stated abave. (E) (Wa) (did nat) view the body after death. 23A. SIGNATURE A. Hending Med. Stoff Phys. Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S (NAME (Type) ARBOLD M.D. 4706 Harford Road Baltimus Tananala.	MEDI	OF INJURY While At Not W			hile				
and have and from the causes stated abave. (E) (Wa) (did nat) view the body after death. 23A. SIGNATURE A. Harbold M.D. Altending Med. Stoff. Phys. Phys. Phys. Director Phys. Red Baltimor Med. Nather (Type) 23D. ADDRESS NAME (Type) ARBOLD M.D. 4706 Harford Road Baltimor Manualan		22. I certify	that (1) (this hospital	attended th	ne deceased from	June	1946 10 ft	2w.31	1966
23A. SIGNATURE Harbold M.D. Attending of Med. Director Stoff Feb. 2, 1960 23C. Physician's Physician's Physician's Physician's NAME (Type) ARBOLD M.D. 4706 Harford Road Baltiman Manual Armanular		that (I) (wa)	tast saw the decease	d alive on	Jan 240	1966 and 1	hat in (my) (pinion death occ	urred an the da
ARBOLD Altending Med. Stoff Feb. 2, 1960 23C. Physician's NAME (Type) ARBOLD M.D. 4706 Harford Road Baltimore Manuella Med. Stoff Feb. 2, 1960 M.D. 4706 Harford Road Baltimore Manuella Med. Stoff Feb. 2, 1960 MANUEL STOFF FEB. 2, 1960 M.D. 4706 Harford Road Baltimore M.D. 4706 Harford Road Baltim		and have and	fram the causes stat	ed abave. (E	(Wabdid) (did nat) v	view the body after death	•		
M.V. MARBOLD M.D. 4106 Harford Wad marulas		23C. PHYSICIA	+ Harl	old	Phy	S. Director	Stoff Phys.	Par Sign	1966
	24/	NeV	MARBO) L D		4706 Harf	Lord Kn	City, town, or count	arylan (Stote)

24A. BURIAL CREMATION, REMOVAL (Specify) Burial 2/5/66. Liberty Pa rk Cemetery 25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAK 25C. FUNERAL DIRECTOR

Cattaraugus, New York

ADDRESS

Ruck Inc. 5305 Harford Rd. #14 Leonard J.

VS 150-REV. 1/1/65

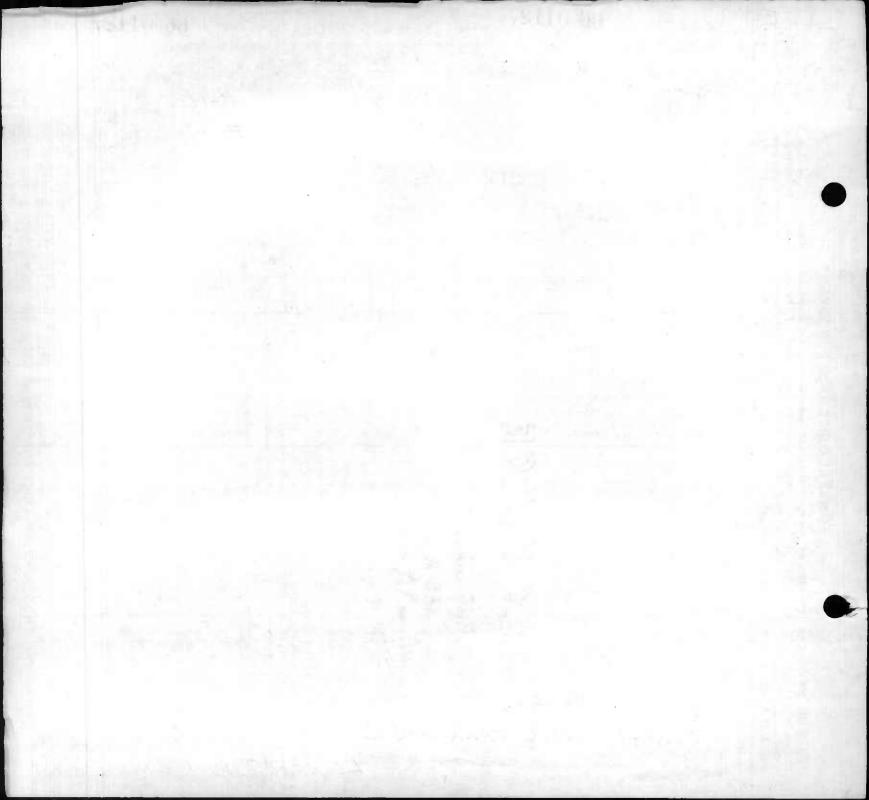
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1966

	66 (11126	BALTIMORE CITY	HEALTH DEPARTMENT	C	C 01126	
BIRTH NO.			CERTIFICA	TE OF DEATH	Registered No.	0 UTICO	
M.E. CASE NO.			4. 4.8		ID HOUR OF DEATH		
Type or Print)	Pre	eston /	Molbay Wheel	er Jebr	mary 1, 19	966 6 A. N	
PLACE OF DE	ATH IN BALTIMORE MA		ENDED	4. USUAL RESIDENCE (Whe	re doceased lived. If ins	stitution: rosidenco before odmission)	
FULL NAME	OF (If not in hospital	A IVI	ENDED	Md.		7-1	
HOSPITAL OR	oddross or locatio	n)	2-7-66		tside city limits, write R	URAL ond give township)	
INSTITUTION				Baltimor	re		
11109 8	ierman Ave.			D. STREET ADDRESS. (If	rurot, givo location)		
7.07	, country iv co	_		1 4109 Eiern	nan Ave.		
SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH 1901	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs	
male	white	sin	D, PIVORCED (specify)	March 31. 196	2- 63 6L	Months Doys Hours Min.	
			BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF	
0 , 7	t working life, even if retired)	Cont.	Can Ca	Maryland		WHAT COUNTRY? USA	
1 FATHER'S NA	preman	Loin.	(an (o.	14. MOTHER'S MAIDEN NA	ME	0.0	
01	0 1112 1						
John ,	f. Wheeler			Ella O'Con	iei		
	d Ever in U. S. Armed For (n) (It yes, give wor or dote		16. SOCIAL SECURITY NO.	17. INFORMANT	, ,	ADDRESS	
no			215055192	George L. W	reeler 611	gutman Ave.	
18. 41. 9	0.11		CAUSE O			INTERVAL BETWEEN	
DISEA	SE OR CONDITION DE	RECTLY			<i>a</i>	ONSET AND DEATH	
	LEADING TO DEATH		(A)	Octoren The	autosi,		
	nat mean the mode of , asthenio, etc. II means		DUE TO	Or Engling This	#8 # 7 4 6 6 6 4 4 5 6 5 4 4 6 6 6 6 6 6 6 6 6		
	mplication which caused		•	Aysiardis?	and of	3 lours	
	ANTECEDENT CAUSES	5	(B) DUE TO	1 4 2 C 2 C C 3.V	Till	0000	
DISEASES	OR CONDITIONS, if	any, giving		4	1		
rise to th	he obave cause (A)			**************************************	<i>}</i>		
ONOEREIN	10 CONDITION 1051.						
OTHER SIGN	II AFFICANT CONDITIONS (ONTRIBUTIN	IG				
TO THE	DEATH BUT NOT RELA	ATED TO TH					
	F OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yos or No	DE 208. IF YES, WERE F	INDINGS CONSIDERED	
19A. DATE O	WAS PER	FORMED		IN CERTIFYING CAUSES OF DEATH?			
21A. ACCIDI	ENT WAS UNDERLYING	211	B. PLACE OF INJURY (o.g., i	n or obout 21C. WHERE DID	(If in Boltimore	City, give exect locotion)	
▼ DEATH (notil)	y modicol exeminer	oto	no, lorm, toctory, stroet, o .)	ffice bidg., INJURY OCCUR?			
21 D. TIME	(Month) (Doy) (Your)	(Hour) 211	E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
OF INJURY			hite At Not Whit	le 🗀			
			ork At Work	~			
			the deceased from	CA (5)	1963 to Jan	75 1966	
that (I) (we) last sow the decease	ed olive on	Jon Mi	19 (6/6ond th	ot in (my) (our) opin	ion death occurred on the dat	
and hour or	nd from the couses sto	ted obove.	(1) (We) (did) (did not)	view the body ofter death.			
23A. SIGNAT		0				238, DATE SIGNED	
100	1 / De 10 16	h.		ending Med.	Stoff	sel - inc	
23C. PHYSICI	ANS	14 6000	Phy	s. Director 23D. ADDRESS	Phy s.	1-66 2 1966	
NAME	Type) S TAM	E.M.	A dyd	im I	· Ash	× 1000000	
AA BURIAN SE	FIN	EN111	ACK M.D.	MC G	NO15/9	LANG PALLE	
REMOVAL	(Specify) 248. DATE	24C. N				y, town, or county) (Stoto)	
burial	2-4-66	Bas	ltimore (eme	tery B	altimore,	Md.	
25A. DATE REC'E	D BY HEALTH DEPT.	- 44	OF REGISTRAR	25C. FUNERAL DIRECTOR	0 1 0 1	ADDRESS	
FEB 3	1966 (2.2	かと、か	Interpret	Legnard f.	Ruck Inc E	Baltimore, Md.	
/S 150-REV. 1/1/	/65	7	5 6 4		3		

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

66 01127	BALTIMORE CITY	HEALTH DEPARTMENT	\/	
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	111127
M.E. CASE NO. 1, NAME OF DECEASED	, GERTIN TO/		ND HOUR OF DEATH	
(Tune or Print)			1	1117 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	CARKOL	LA LISUAL DESIDENCE Who	166	stitution; residence before admission)
3. FEACE OF BEATH IN BALIIMORG MARIENTE		A. STATE B. COUN	ITY	sillotton, restuence belore durassion,
FULL NAME OF (If not in hospital or institution, giv	e street	MD.	GAITO.	
HDSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If ou	tside city limits, write I	RURAL and give township)
		TOWSON	# 4	5300
UNION MEMORIAL HOSP	ITAL	D. STREET ADDRESS (IF	rurol, give location)	
		919 SOUT.	HWICK	DR
5. SEX 6. RACE 7. MARRIED, N			9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs.
M WIDOWED,	DIVORCED (specify)	9/5/03	G 2	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10 B, KIND OF B	USINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)				
MACHINIST INDUS	TRY	GERMANY		U.5. A.
13. FATHERS NAME		14. MOTHER'S MAIDEN NA		
JULIUS BALASUS (0)	EMMA MEY	ER (D)	
15. Was Deceased Ever in U. S. Armed Forces?	6- SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.			
No			ASUS 3	SAME AS ABOVE
18. 135.01	CAUSE O	FDEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH	(A) G18	RHOSIS OF LI	VERC	3 mos
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,	DUE TO FO	OCI OF HEPA	TOMA	
injury or complication which coused deoth.)				AU French
ANTECEDENT CAUSES	(B)	ALAMAAA 00 0400 0000 000 000 000 000 000 000		**************************************
DISEASES OR CONDITIONS, if any, giving	DOE 10			
rise to the obove couse (A) stoting the	(C)	######################################	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
UNDERLYING CONDITION last.				
II II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
A DISEASE OR CONDITION CAUSING II.		120 A	V 000 10 V00	
19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED		20A. AUTOPSY? (Yes of N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
WAS PERFORMED ESOPHOCEAL V	IARICES.		tir : D to	
OR CONTRIBUTING CAUSE OF home,	form, foctory, street, of	fice bldg., INJURY OCCUR?	Ilt in Boltimore	e City, give exoct locotion)
DEATH (notify medical examine) etc.)				
	NJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
₩ OF INJURY (APPROX.) While				
W Ork	Al Work			31.
22. I certify that (I) (this hospital) attended the	deceased from		19 <u>6 6 to</u>	3/1 1966
that (I) (we) last sow the deceased alive an	3/1	19 6 6 and th	nat in (my) (aur) api	nion death accurred on the dat
and hour and fram the causes stated above. (1)	(did) (did not) v	lew the body after death.		
23A. SIGNATURE				23B. DATE SIGNED
100 a . OB	M.D. Alle	nding Med.	Stoff Phys.	2/1/66
23C. PHYSICIAN'S	en Phy	s. Director 23D. ADDRESS	rnys.	1//00
NAME (Type)			2 . 2	PITAL
	NOWN W.D.	UNION MEMO		
24A. BURIAL CREMATION, 24B. DATE 24C. NAN REMOVAL (Specify)	AE of CEMETERY OF CR	MATORY 1 24D. I	OCATION	ty, town, or county) (Stote)
BURIA 1 2/5/66. PA	RKWOOD	CEMELERY	BAIT	MORE MY
25A. DATE REC'D BY HEALTH DEPL 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS 144
FEB 3 1966 Q. Q. J. E. 30	a bear	LEDMARN	J Ruck	INC Rotto mid
VS 150-REV- 1/1/65	6 0 1)	T. C. DAIIO, III C.

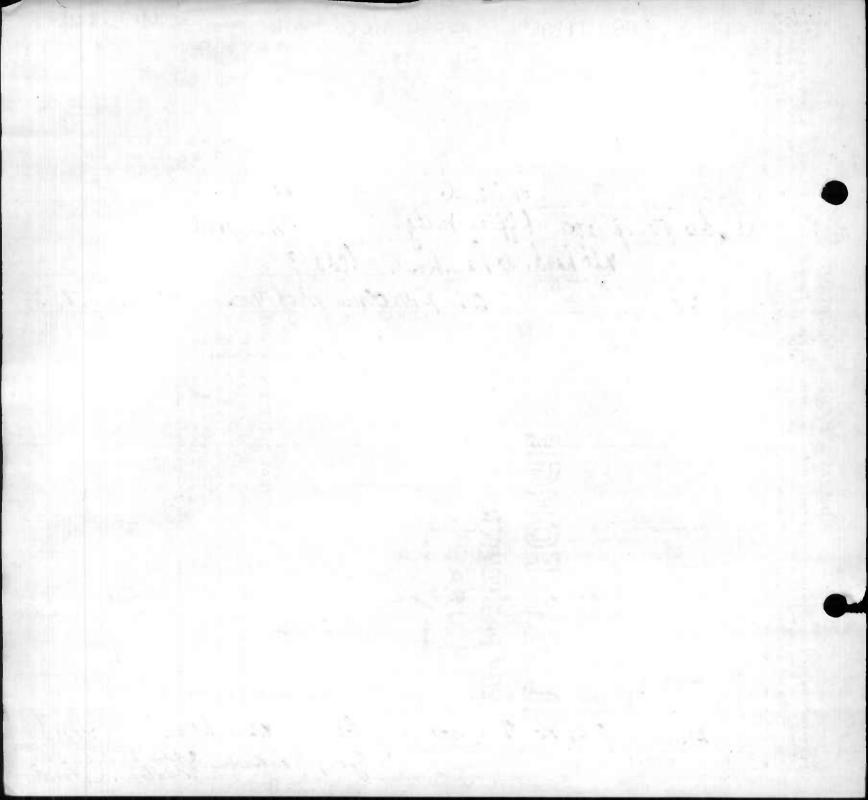


Such

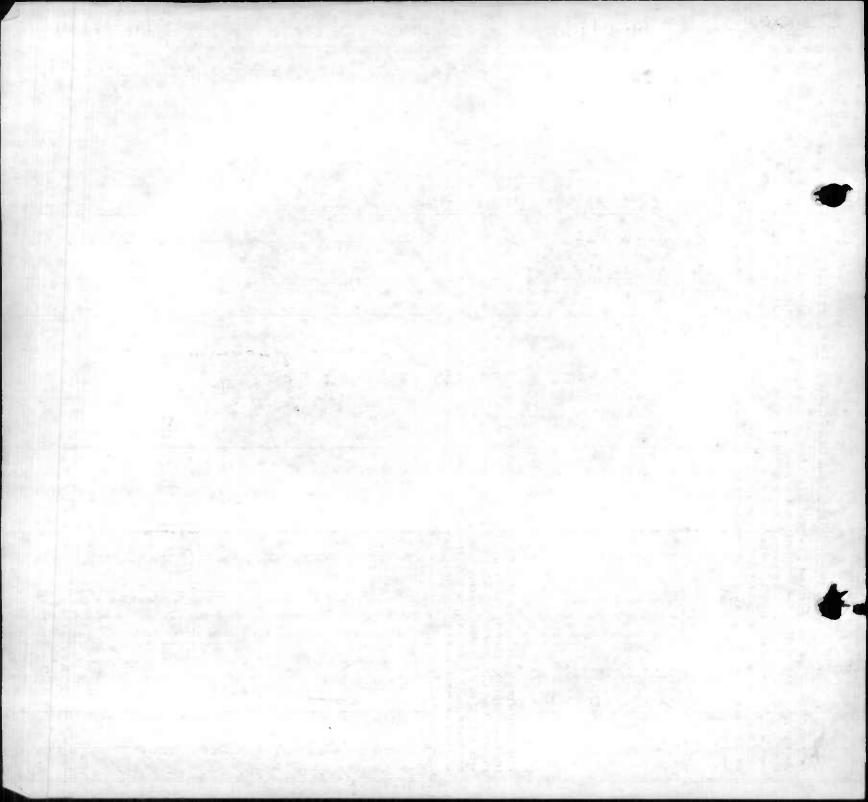
				BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH		66	01128	CERTIFICA	TE OF DEATH	Registered No.	6 01128
1. NA	ME OF DEC	EASED			2. DATE A	ND HOUR OF DEATH	
Пуре	N/LL	AM SIGE	LMAN.		JAN	, 28, 1966	14:35 A M.
3. PL A	ACE OF DEA	ATH IN BALTIMORE, MA	RYLAND	1	4. USUAL RESIDENCE (Whe	ere deceased lived. If ins	titution: residence before admission)
	LL NAME O		or institution, give	e street	md. 13	AKTIMORE	e City
	SPITAL OR	oddress or location	3)		C. CITY OR TOWN	itside city limits, write R	URAL ond give township)
UN	INERSI	TY OF M	ARYLAN	D	D. STREET ADDRESS (III	rurol, give location)	
		HOSPITAL	, , , , , , ,				edesce AVE.
5. SEX		6. RACE	7. MARRIED, NI	VER MARRIED	B. DATE OF BIRTH	9. AGE (In veors	
1 AL	ALE	CAUCASIAN	WIDOWED, I	DIVORCED (specify)	SEPT. 16, 1900	lost birthdoyl	Months Doys Hours Min.
			10B. KIND OF BU	JSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF
		working life, even if retired)			MARYLAND		WHAT COUNTRY?
13. FA	THER'S NAM	RENEUR	1		14. MOTHER'S MAIDEN NA	ME	U.S. A.
1	LADDY	SICELMA	26/		MARY	LADI AN	
				SOCIAL	17. INFORMANT	011 9/01,	ADDRESS
		Ever in U. S. Armed For (If yes, give wor or date	s of service)	SECURITY NO.		50000	
UNI	KNOWN				PHOSPITAL P	«ECOPU	
18	33	3-X1		CAUSE O		COEN EDOTIVE	ONSET AND DEATH
	DISEAS	SE OR CONDITION DIR LEADING TO DEATH	ECILY	PRO	TRAL MERNOUS	CASTEM DIS	EASE 6 MONTHS
		not mean the mode of		DUE TO	77.77.77.77.77.77.77.77.77.77.77.77.77.	3 1 3 (12.7)	
		osthenio, etc. It meons plication which coused					
		ANTECEDENT CAUSES		(B)		**************************************	······································
		OR CONDITIONS, If					
		e obave cause (A) G CONDITION last,	slating the	(C)			
		11		LANTIOPRI	OLIFERATIVE	DISEASE	18 WONTHS
ATION	THER SIGNI	FICANT CONDITIONS C	ONTRIBUTING				, , , , , , , , , , , , , , , , , , , ,
	DISEASE OR	CONDITION CAUSING I	т		RENAL F		YEAR
ERTIFIC	A. DATE OF	OPERATION 198. CON	DITION FOR WH	CH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH?
A 21	A. ACCIDE	NT WAS UNDERLYING	21 B, PL	ACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Baltimore	City, give exact lacation)
AL O D	R CONTRIBLE EATH Instify	NT WAS UNDERLYING DITING CAUSE OF	etc.)	form, foctory, street, of	fice bidg., INJURY OCCUR?		
21	D. TIME	IMonth) (Doy) IYeor)		IJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
5 0	F INJURY	-	While	At Not Whil			
		1 40 / 1 0 1 0 0 1	Work	At Work		19 66 to JAI	YUARY 28, 1966
		that (*) (this hospital			1.1		, , , , , , , , , , , , , , , , , , ,
		last saw the decease					ian death accurred an the date
	A. SIGNATU		ed abave. (I) ((did) (didamet) v	iew the bady after death.		238, DATE SIGNED
	0.0	· · · ·	0. 0	M.D. Atte	ending Med. Director	Stoff 77	
26	C. PHYSICIA	C, Flus	men, yr		s. Director 23D. ADDRESS	Phy s.	JAN. 28, 1966.
1	NAME (T	John C.	Dumler	Jr. M.D.	LOO. ADDRESS		
244	RIIDIAL CRE	MATION, 248. DATE		E of CEMETERY or CRI	MATORY 24D I	OCATION (Cit	(State)
1	REMOVAL	Specify) D/2/	1 /			6	y, town, or county) (State)
254	DATE BECID	BY HEALTH DERY		RING KUN.	25C. FUNERAL DIRECTO	ALTIMONE	co. md.
25A.	DATE REC'D	1000 A A	25B. NAME OF	REGISTRAR	7		ADDRESS
VS 15	FED 0	1300 (1)	हा है। जिल	May Company	A MOK REW	15 INC. 21	OU ELIAW Ph.
V 3 1 31	0-REV. 1/1/	03			BALTIMO	no lity	md.

2,7-05-98 JUNEAU RECORD

BIRTH NO. 66 U1129 CERTIFICATE OF DEATH Registered No. 66	
	01159
(Type or Print) CHAMBERS Charles 2. DATE AND HOUR OF DEATH	5 P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, Il institution: re	sidence before admiss
FULL NAME OF (If not in hospital or institution, give street)	15-6
HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and	give township)
Lutteran Hay. Balliman	
D. STREET ADDRESS (If rurol, give location) 22/5 N. Ash burlow	~ ST.
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify) 1. MARRIED, NEVER MARRIED 2 - 3 - 1881 9. AGE (In yeors lost birthdoy) Months:	1 Yr. If Under 24 Doys Hours Min
donaduring most of working life, even if salired of file Blog () marchand WHA	EN OF AT COUNTRY?
13. FATHERS NAME (Richard, Chambers) 14. MOTHERS MAIDEN NAME)	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 2/8-57-1720 Mis_Luth Mason 22/5 a	ADDRESS
	NTERVAL BETWEEN
	ONSET AND DEATH
LEADING TO DEATH	
LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or camplicolian which coused death.) (A) DUE TO Joilure	***********************
hearl failure, asthenia, etc. II means the diseose, injury at camplicolian which coused death.)	
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, if ony, giving	
rise la lhe obave cause (A) sloling lhe (C) UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or Not) 20B. IF YES, WERE FINDINGS	CONSIDERED
198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or Not) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	DEATH?
1) 21A ACCIDENT WAS UNDERLYING 1219 BLACE OF INJURY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
OR CONTRIBUTING CAUSE OF home, lorm, loctory, street, office bldg., INJURY OCCUR?	exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) home, lorm, loctory, street, office bldg., INJURY OCCUR? etc.)	exoct locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY While At Not While	exect locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) OR CONTRIBUTING CAUSE OF home, loctory, street, office bldg., INJURY OCCUR? home, lorm, loctory, street, office bldg., INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) Not While At Capprox. Not While At Capprox. Not While Capprox. Not While Capprox. Not While Capprox. Not Capprox	1.29196
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TiME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from 4.2 pm. 1.29 19 6 ta 5 pm. that (I) (we) last saw the deceased alive an	1.29196
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work 21D. TIME (APPROX.) While At Not While At Work 22. I certify that (I) (this hospital) attended the deceased from 4.2 from 1.29 19 6. to 5. m. that (I) (we) last saw the deceased alive an and hour and from the causes stated abave. (I) (We) (did) (did nat) view the bady after death.	1. 7. 9.19 6 h accurred an the
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Not While At Work 22. I certify that (I) (this hospital) attended the deceased from 4.2 pm. 1.29. 19.6 ta	h accurred an the a
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? While At Work 22. I certify that (I) (this hospital) attended the deceased from 4.2 from 1.2 from 1.	h accurred an the c
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work 21F. HOW DID INJURY OCCUR? While At Work 22. I certify that (I) (this hospital) attended the deceased from 4.2 from 1.2	h accurred an the accurred 29.66
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner)	h accurred an the control of the con
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner)	h accurred an the control of the con
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) Death (notify medical examiner) home, form, loctory, street, office bidg. INJURY OCCUR?	h accurred an the ESIGNED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner) OF INJURY OF INJURY (APPROX.) 21D. TIME (Month) (Doy) (Year) (Hour) While At Not While 2 While At Not While 3 At Work 22. I certify that (I) (this hospital) attended the deceased from 1.29 19 6 to 6. m. that (I) (we) last saw the deceased alive an 1.29 19 6 and that in (my) (aur) aplnian deat and haur and from the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE M.D. Attending Med. Director Phys. 23B. DATE 23C. PHYSICIAN'S NAME (Type) Altending Med. Director Phys. 23D. ADDRESS NAME (Type) Altending Med. Director Phys. 23D. ADDRESS NAME (Type) Altending Med. Director Phys. 24D. LOCATION (City, town, or REMOVAL (Specily) Attach Burilat Cremation, 24B. Date 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or REMOVAL (Specily) Mattach Matta	h accurred an the ESIGNED



	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO. 66 (1113()	CERTIFICA	ATE OF DEATH	Registered No.	- 66 01130
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Makie M	elson St		ND HOUR OF DEATH	6 11:15 1
3. PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (Who		nstitution; residence before admission)
FULL NAME OF (If not in hospital or insti HOSPITAL OR oddress or location)	tution, give street	C. CITY OR TOWN (If ou	utside city limits, write	RURAL and give township)
1225 W. Mosher	St	Balto, D. STREET ADDRESS (III	rurol, give location)	
1220		1225 W. M.		7
Fe. lo Negra	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, Kildone during most of working life, even if retired)		Y 11. BIRTHPLACE (Stole or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME Alfred Gaski	. (Hattie		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	10043	ADDRESS
		Hattie Gaski	ins	1001 W. La fayet
DISEASE OR CONDITION DIRECTLY		OF DEATH		ONSET AND DEATH
LEADING TO DEATH	(A)	Lobar nu	eummio	6 days
(This does not mean the mode of dying heart laiture, asthenio, etc. It means the di	sease,	0		
injury or complication which caused death. ANTECEDENT CAUSES	(B)	Approximate (Control of the Control		
DISEASES OR CONDITIONS, if any,	DUE TO giving			
rise to the obove cause (A) statin UNDERLYING CONDITION lost.	g the (C)			
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRI				J 2-70 7-50
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	a) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
DEATH (notify medical examiner)	etc.)			
OF INJURY APPROX.) (Month) (Doy) (Year) (Hou	While At Not White At Work	21F. HOW DID IN	JURY OCCUR?	
22. I certify that (I) (this haspital) atte			.19to	2-2-66 19
that (I) (we) last sow the deceased oliv	e an 2-1-66	19ond t	hat in (my) (aur) op	inton death occurred an the dot
ond haur and fram the causes stated ab	ove. (I) (We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE	M.D. A	ttending Med.	Stoff	23B. DATE SIGNED
23C. PHYSICIAN'S		Med. Director	Phys.	2-3-60
NAME (Type)	Leene - M.E	73 /20	d 13/102m	ingeale Rd.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D.	LOCATION (C	city, town, or county) (State)
Busia 2-7-66	Mt. Ayburn	Cem. B.	alto.	Md
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTO	R 11/0/1	-/3 ADDRESS
FEB 3 1966 (20, 15-	E STOOLLOWAR	Sullivantu	neral Home.	-N. ArlingtonAv
VS 150-REV. 1/1/65	the table of	1 1 3 13		



-	(5)		BALTIMOR	RE CITY HEALTH	DEPARTMENT		00 01101
	H NO	66 01131	CERTIF	ICATE O	F DEATH	Registered No.	00 01131
1. N	AME OF DECEASED	RY M	. CASLO	N	2. DATE A	ND HOUR OF DEATH	12:35P M
3. F	LACE OF DEATH IN B	ALTIMORE, MARYLAN	D	4. USUA A. STAT	RESIDENCE (Who	ere deceased lived. If NTY	institution: residence before admission)
1		not in hospital or insti dress or location)	itution, give street	c. city	D.		RURAL ond give township)
Y	11 . N	1 4	1	K		OR E	
	UNION "	EMORIAL	MOSPITAL	3	27 EA	ST 27 ±	h Sto
5. \$	F 6. RACE	WI	ARRIED, NEVER MARRIED DOWED, DIVORCED (spe	cify) 8. DATE	OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		Give kind of work 108. K	IND OF BUSINESS OR IN	DUSTRY 11. BIRTH	PLACE (State or for	eign cauntry)	12. CITIZEN OF WHAT COUNTRY?
don	Hous EWIF1	_	HOME	/	MARYLA	ND	WHAT COUNTRY!
13.	ATHER'S NAME	10		14. MOT	HERS MAIDEN NA	ME	
	JOHN W	EXEY MIT	4DDOX	1/2	ARY 7	ATMAN	
	Nos Deceased Ever in L ,ne of unknown)(If yes,	J. S. Armed Forces?	1 6. SOCIAL	17. INFO	RMANT		ADDRESS
	No		DNK	M	R. JOSEPH	+ CASLOW	DON SAME
	18. 4491 X	1	CA	USE OF DEATH	,	/	INTERVAL BETWEEN
		ONDITION DIRECTLY		11			ONSET AND DEATH
Н		G TO DEATH	(A).	1000 60	e ash	wation	
	(This daes not mean heart failure, asthenia,	elc. II means the d	isease,	16	1		
	injury or complication				Breeze	macons.	
		DENT CAUSES	(B)	TO			
1	rise to the above						7 6
-9	UNDERLYING COND		3				
		11					
CERTIFICATION	OTHER SIGNIFICANT OF						
CAI	DISEASE OR CONDITION	ON CAUSING IT.	FOR WHICH OPERATIO	120 A	AUTOPSY? (Yes or N	all 208 to year ween	SINDINGS CONSIDERS
III.	DATE OF OFERALI	WAS PERFORME		207	E C	IN CERTIFYING C	FINDINGS CONSIDERED
CER	21A. ACCIDENT WAS	UNDERLYING	218 PLACE OF INJUR	(Y (e.g., in or obout	21C. WHERE DID	(If in Boltisho	te cur give exect locotion)
CAL	OR CONTRIBUTING DEATH (notify medical	CAUSE OF -	home, form, foctory, setc.)	treet, office bldg.,	INJURY OCCUR?		
MEDIC	21D. TIME (Month)	(Doy) (Yeor) (Hou	1) 21 E. INJURY OCCURR	ED	21F. HOW DID IN	JURY OCCUR?	
Z	OF INJURY (APPROX.)			lot While			
	22 1 - 16 1 - 449	(ab) - 1 - 1 - 1 - 1 - 1		-	22	10 /0/	201 7: 12/6
b.			nded the deceased from		of de		AN. 31 1966
			ve an 1 11 1 3				olnian death accurred on the date
		e causes stated ab	ave. 部 (We) (did) (地	view the	bady after death.		
	23A. SIGNATURE	()	м.	D. Attending	Med.	Stoff 1	23 B. DATE SIGNED
	23C. PHYSICIAN'S	c come		Phys	Director	Phys.	Jan. 51, 1166
	DR L	EVAN CUST	ER		ION MEMOR	RIAL HOSPI	TAL
24A	BURIAL CREMATION,	24B. DATE /	24C. NAME OF CEMETER				City, town, or county) (State)
1	REMOVAL (Specify)	Feb-4/60	Dr (Fi	16	1/	1 soft	lle
25 A	DATE REC'D BY HEAL		IAME OF REGISTRAR	25C.	FUNERAL DIRECTO	R	ADDRESS
1	FEB 3	1966	3- E. Farland		1.7407	40.4101	Comordson
VS	150-REV. 1/1/65		600	Uni	100	-0-11-4	
				- /			

Such

to death.

attendance on the

a hospital and

	BALTIMORE CITY	HEALTH DEPARTMENT		00 01100
BIRTH NO. 66 01	1:32 CERTIFICA	TE OF DEATH	Registered Na.	66 01132
M.E. CASE NO.				
(Type or Print) Catheri	, UL	pel TuesFeb		966 3:50 P. M.
3. PLACE OF DEATH IN BALTIMORE, MAI	RYLAND	A. STATE B. COUNT	deceosed lived. II in	stitution: residence before admission)
FULL NAME OF (If not in hospital of	or institution, give street	Maryland	7	-5-52
INSTITUTION	Nursing Hom	C. CITY OR TOWN (If outs	ide city limits, write l ore 21223	
1/			ral, give location)	
LaFayette and Joh	n streets			
		7	Wilmingt	
Female White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	March 16 1885	ast birthday) 80	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
10A, USUAL OCCUPATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareig	n cauntry)	12. CITIZEN OF
done during most of working life, even if retired) HOUSEWITE	At Home	Baltimore, M		UBA
13. FATHER'S NAME	Onnol	14. MOTHER'S MAIDEN NAM		
John James	Opper	Anna Mary	Rub	
15. Was Deceased Ever in U. S. Armed Fara (Yes, no or unknown) (If yes, give wor or date:	s of service) 1 6. SOCIAL SECURITY NO. None	Mrs. M Daughter 1047	argaret M	. Smith,
18.42011	CAUSE O		1122228	INTERVAL BETWEEN
DISEASE OF CONDITION DIR	ECTLY	TT 1		ONSET AND DEATH
LEADING TO DEATH		nary Thrombosis		Immediate
(This does not mean the made of heart failure, asthenia, etc. It means	the disease.			
injuly of complication which coused	death.) Arte:	riosclerotic Hear	rt Disease	10 Years
ANTECEDENT CAUSES	(B)	97794999996668999999866666669984m66mm.on.gogg=**********************************	70000000000000000000000000000000000000	000000000000000000000000000000000000000
DISEASES OR CONDITIONS, if	ony, giving			
underlying condition lost.	stoting the (C)	***************************************	800000000000000000000000000000000000000	
_ III				
O THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT	TED TO THE			
WAS PERF	DITION FOR WHICH OPERATION ORMED	20A. AUTOPSY? (Yes ar No)	20 B. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in hame, form, foctory, street, of etc.)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact lacotion)
21D. TIME (Manth) (Day) (Year)	(Haur) 21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
S OF INJURY	While At Not Whit	e 🗍		

22. I certify that (1) (INDEXGENT) attended the that (we) last saw the deceased alive an

and that in (my) (a) apinian death accurred an the date

Feb

and have and from the causes stated above. (1) (We) (did) (200 mor) 23A. SIGNATURE

Stanley

Attending Phys. 23D. ADDRESS

Med. Director Stoff Phys. X

2/1/66

23B, DATE SIGNED

Felsenberg M.D.

1129 E. Baltimore Balto. 2, Md/

24A. BURIAL CREMATION, 24B. DATE SAT REMOVAL (Specify) Feb 5 6 24C. NAME of CEMETERY OF CREMATORY 66 Holy Cross Cem.,

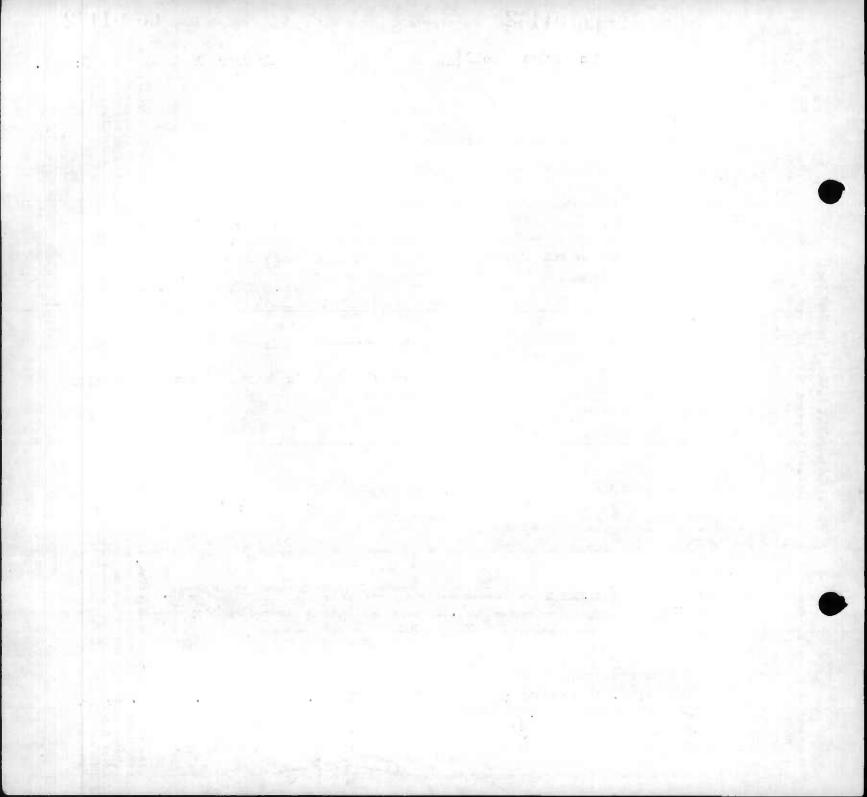
Brooklyn

(State)

FEB 3 1966

St Balto S Charles

V\$ 150-REV. 1/1/65



258. NAME OF REGISTRAR

the body was released eceased prior to written approval D.O.A. shows: Was

25A, DATE REC'D BY HEALTH DEPT.

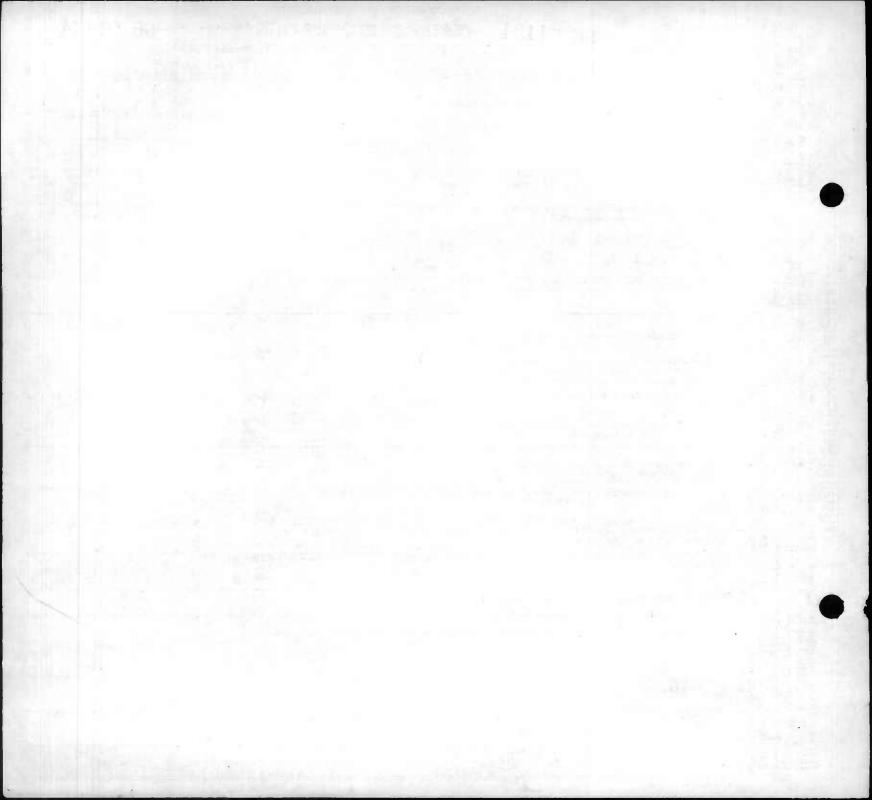
VS 150-REV. 1/1/65

C. CITY OR TOWN (If autside city limits, write RL	JRAL and give township)
Baltimore	
D. STREET ADDRESS (If rural, give location)	
115 N. Pearl Street 2120	1
B. DATE OF BIRTH 2-25-1893 9. AGE (In years lost birthday) 72	If Under 1 Yr. If Under 24 His. Manths Days Hours Min.
Y 11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?
Alabama	U. S. A.
14. MOTHER'S MAIDEN NAME	
17. INFORMANT	ADDRESS
RECORDS:BCH 4940 Eastern A	
OF DEATH	INTERVAL BETWEEN
	ONSET AND DEATH
eddle cerebral ast Thrombo	2 mos.
The state of the s	I a color conserver of a color for the state of a color conserver
0.00000	Mean
merphyed ASCVA	
	V
7/84	
low kneed myutalu cycar.	00)
20A. AUTOPSY? (Yes & No.) 20B. IF (YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
in or obout 21 C. WHERE DID (If in Boltimare affice bldg., INJURY OCCUR?	City, give exact location)
21F. HOW DID INJURY OCCUR?	
ile L	
6-27-6 £ 18 to	1-14 1966
19 66 and that in (my) ((aur) opin	ign death accurred an the date
view the body after death.	
	238, DATE SIGNED
tending Med. Stoff Phys.	1-14-6-6
23D. ADDRESS	
4940 Eastern Avenue Baltimo	re Waryland 21224
VERSITY MEDICAL SCHO	
MODTHIDY CERTIC	ADDRESS
TO STORY SERVICE	E RCHB
	100000000000000000000000000000000000000

3:00

P	LAIT	IMORE	CITY	HEALTH	DEPARTMEN	N
	MLI	MUKE	CHIT	HEALIH	DEFAKIME	М

		BALTIMORE CITY	HEALTH DEPARTMENT		
M.E	TH NO. E CASE NO. 66 0113	34 CERTIFICA	TE OF DEATH	Registered Na.	66 01134
	De or Print) Edith Boo	ker	Opportune.	n wary 18,1	966 9:25 q. M. tution; residence before admission)
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (When	e deceased lived. If insti	tution: residence before admission)
F	FULL NAME OF (If not in hospital ar insti	lution, give street		altimore	RAL and give town bis)
1	NSTITUTION	Han ital	Baltimor		arte one give to whomp
100	University	1108 pilal		iural, give location)	
10	·			1 work Line	7-
5. \$	FCW	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	1/20/99	66	If Under 1 Yi. II Under 24 His. Manths: Days Haurs Min.
11	USUAL OCCUPATION (Give kind of work 108, K) during most of working life, even if retired)		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT, COUNTRY?
	not known n	67 Known	not know	n	U.S.
- ·	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
	not known		not kn	own	
	Was Deceased Ever in U. S. Armed Forces? s,na ar unknown) (If yes, give war ar dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
110	nknown	7	none		
	18. 24. 40. 01	CAUSE O	FDEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		1 11		ONSET AND DEATH
	LEADING TO DEATH	(A)	trteriosele	250815	
	(This does not mean the mode of dying		(and another annual and an an and an article and	X2X	
	heart laiture, asthenia, etc. It means the di injury ar camplication which caused death.				
	ANTECEDENT CAUSES	(B)	00 700 700 000 000 000 000 000 000 000	**************************************	
	DISEASES OR CONDITIONS, il any,	DUE TO			100
	rise to the above cause (A) statin			~~~	
	UNDERLYING CONDITION lost.				
TION	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED	BUTING TO THE			
«	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES WERE FIN	NDINGS CONSIDERED
ERTIFIC	WAS PERFORME	D CONTROL OF EACHOR	25.14,010731; 1763 01.110	O 208, IF YES, WERE FIN IN CERTIFYING CAUS	ES OF DEATH?
CALC	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., in home, loim, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact locotion)
	21 D. TIME (Month) (Doy) (Yeo) (Hou	1) 21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
AE	(APPROX.)	While At Work Not While At Work			
	22 1 415 41-4 (1) (1) 1			10	1/18/11
	22. I certify that (I) (this haspital) atte	21.011		19ta	
	that (1) (we) last saw the deceased aliv			at in (my) (our) aplnie	an death accurred on the date
	and haur and from the causes stated ab	ave. (1) (We) (did) (did nat) v	lew the bady after death.		
	23A. SIGNATURE	21		2	3B. DATE/SIGNED
	ather M.	Carris M.D. Atte	mding Med. Director	Stolf Phys.	1/24/66
	23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	HAIVE CIPPER	M.D.	With meners with	an Home to	
24A	REMOVAL (Specify) 148 DATE	24C. NAME of CEMETERY of CRE	MATORY 240. L	CATION	town (or abunity) and (State)
	REMOVAL (Specify) JAN 28 105	86	TIMINEDCE	W. BEEDER	
25.4	DATE RECID BY HEAT WILLIAM	IAMA OF BEGISTERS	UNIVERSIT	Y MEDICA	L SCHOOL
254	A. DATE REC'D BY HEALTH DEPT. 258. N	A REOSTRAR	25C. FUNERAL DIRECTOR	77	ADDRESS
	FEB 3 1966 Q De AT E.	A COLOR DO	MURITAR	Y SERVICE	RCHR
VC	150-PEV 1/1/65	2 U W W 1 1	1 1 1		A A MAN AND AND AND AND AND AND AND AND AND A



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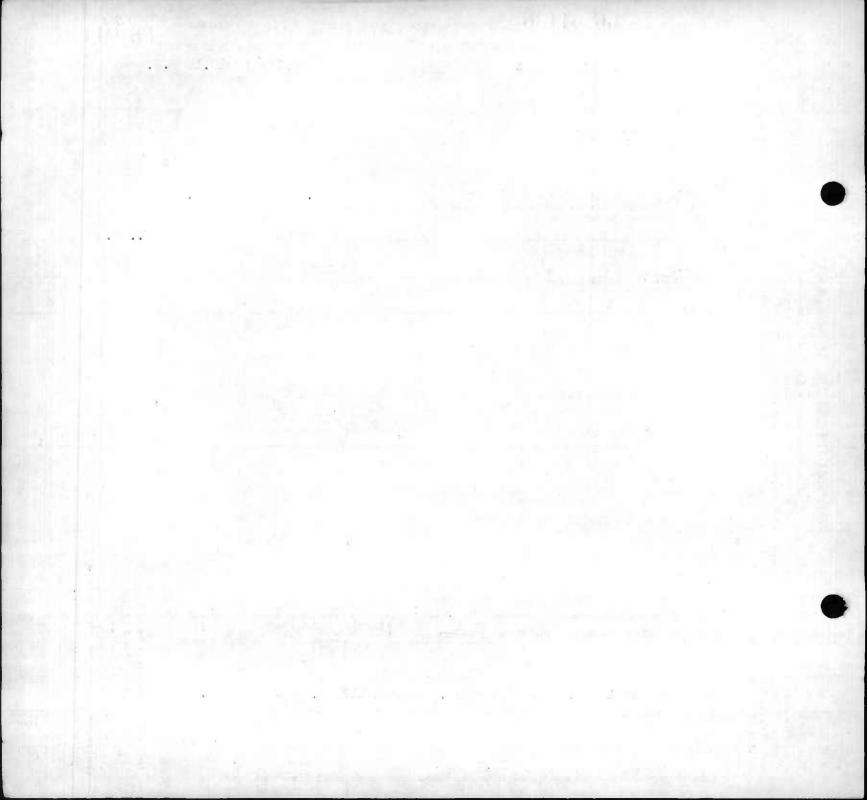
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.66 0113)	AMINER'S CI			ATH Register	66. U	1135
M.E. CASE NO.							
1. NAME OF DECEASED	OHN D	E	BELL		30 - 66	D DEAD	C7 30 A M
3. PLACE IN BALTIMORE, MAR			4. USUAL RESID	land	eosod lived. If instit B. COUI	ntion: residen	ce before odmission
HOSPITAL OR ADDRESS	IN HOSPITAL OR INSTITU				opporate limits, write	RURAL ond	give township)
1900 W. Sa	ratoga Street		D. STREET ADD	RESS (If rurol, giv	a Street	00	01
S. SEX 6. RACE NEG	WIDOWED	NEVER MARRIED DIVORCED (specify)	5/11/19		9. AGE (In yeors lost birthdoy) 59 yrs	Months, Do	Yr. If Under 24 Hr. ys Hours Min.
to A. USUAL OCCUPATION (Give done during nost of working life, even the life of the life o	e kind of work 108, KIND OI en if retired)	BUSINESS OR INDUSTRY		(Stote or foreign of Carolins		12. CITIZEN WHAT	OF USA
13. FATHER'S NAME			14. MOTHER'S M	ittie			
15. WAS DECEASED EVER IN U (Yes, no or unknown) (If yes, give		16. SOCIAL SECURITY NO.	17. INFORMANT Alberta	M. Bell	24 Tea Str	address eet, N	.E .
DISEASE OR CONIL LEADING (This does not meen the heart foilure, ostherio, etc injury or complication white the control of the	TO DEATH mode of dying e.g., il meons the diseose, ch coused death.) NT CAUSES IONS, IF ANY, GIVING USE (A) STATING THE ON LAST.	(A) Hype Rhe (B) DUE TO	of DEATH extensive	e Gh HEA	d RF Disc	01	TERVAL BETWEEN NSET AND DEATH
TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION		***************************************	20A. AUTOPSY		L IF YES, WERE FIN		
21A, EXTERNAL CAUSE WAY OUNDERLYING OR CONTRIBUTING CAUSE OF DEATH	B- home	PLACE OF INJURY (e.g., form, foctory, street, o	office bldg., INJUR	OCCUR?		e exoct locol	ion)
OF INJURY (APPROX.)		VHILE AT NOT YORK AT W	WHILE	OW DID INJURY	OCCUR?		
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	latural causes A	Inspection Aut	e Hamici CHIEF M ASSISTANT M ASSOCIATE M	de Und	NINER		DATE SIGNED 1-30-6 (Stote)
REMOVAL (Specify) Burial	2/4/1966	Arlington		Arli	ngton, Vir	ginia	
FEB 3 1966	Office & E. F.	OF REGISTRAR		hest Jery	is the H		Street, N
VS 151-REV. 1/1/65			0.1	10 11			7

feert sucton Track A. T. TOWNER OF THE SECOND SHOPE OF THE SECOND Hoperknaye and Rheumatic HEART Discord

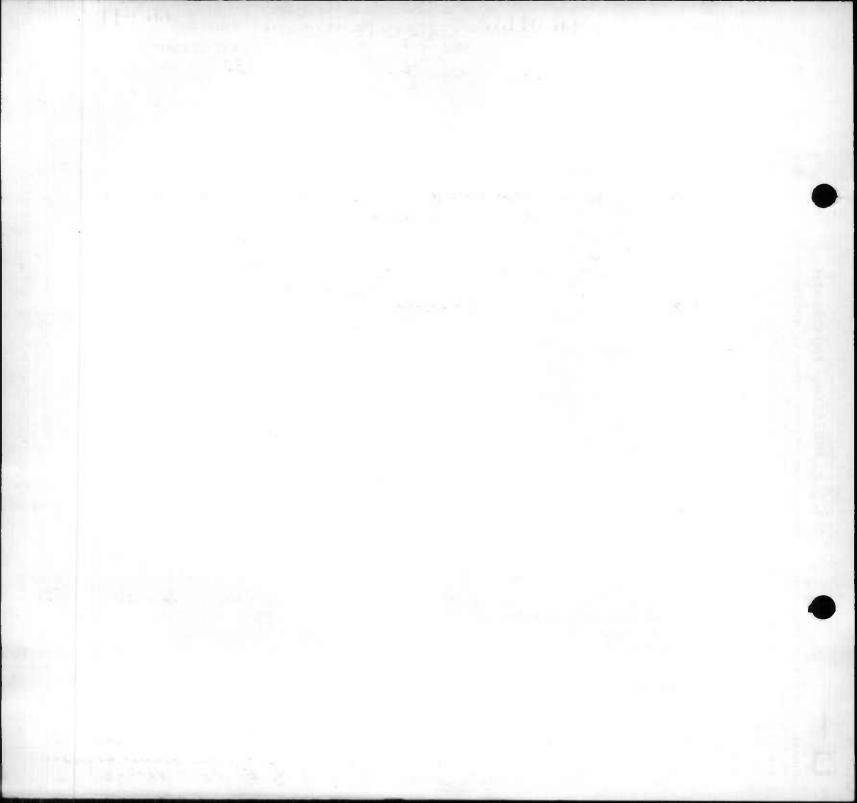
0.11	2	1
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns: (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	66 011	36 CERTIFICA	TE OF DEATH	Registered No	121
M.E. CASE NO.		GERTII TO			pp 01139
Type or Print)	ECEASED		2. DATE AND	HOUR OF DEATH	
Type of Phnii	Susanna Robe	erts	1/27/6	6 10.18 P.	M. I
R. PLACE OF D	DEATH IN BALTIMORE MA				titution: residence before admiss
, , LAGE OF L	TAIN IN DALIMIERS MA	W. E. A. V.	A. STATE B. COUNT	deceased lived. If this	motion, residence before commiss
			1 Sm. D	11.4	~ 1
FULL NAME	R oddress or locotio	or institution, give street	7,40		0
INSTITUTION			C. CITY OR TOWN (Il outsi	de city limits, write R	URAL and give township)
D-71-	Hill Nursing	Home	Baltimore		
BOTTON	HITT MM STIE			rol, give location)	
			Lafayette & J	ohn Streets	
. SEX	6. RACE	7. MARRIED, NEVER MARRIED			0.11 () 2 (0.11) 4
		WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 1877 10	st birthdoy)	Months Doys Hours Mi
Female	White	Widowed	88 yrs.	88 Yrs.	
OA. USUAL OC	CUPATION (Give kind of wor	108 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF
	ol working tife, even if retired)				WHAT COUNTRY?
		Hamo -	Marc Wasse		P C
3. FATHER'S N	AAAF	1 Trevia	New York 14. MOTHERS MAIDEN NAM	F	D. D.
OF PAINER 3 N	CALIF		MOTHER'S MAIDEN NAM	E	
			Unknown		
Gilha	ed Ever in U. S. Armed Fo				
5. Wos Deceds	ed Ever in U. S. Armed For wn) (II yes, give wor or dote	rces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	201	ADDRESS
respino or blikino	will yes, give wor or both	SECORITI NO.	n. 1	Rober Me	On Il fant.
no	no		In 4 Loral. T	lover Me	Longh Behiser
18.	OVI	CAUSE O	F DEATH	1. 1	INTERVAL BETWEEN
	100 60 00000000000000000000000000000000			/	ONSET AND DEATH
DISE	ASE OR CONDITION DI		00110		
	LEADING TO DEATH	(A)	enelol Thombaid		48 Prus
	nat mean the made of	dying, e.g., DUE TO	ii 24 m m 2 14 ff a 14 m m m m m m m m m m m m m m m m m m	***************	onned announce of a life annul of the plate to global annual of
	e, asthenia, etc. It means	the diseose,	el ertrischreis		
injury or c	omplication which caused	death.)	0 11 - 0 .		25 445
	ANTECEDENT CAUSES	(B)	ex everyscorpia		do Mercio-
		DUE TO			0
	OR CONDITIONS, if				
	the above couse (A)	stoling the (C)			
UNDERLII	NG CONDITION last.				
	II				
OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING			
TO THE	DEATH BUT NOT RELA	ATED TO THE			
	OR CONDITION CAUSING				
19A. DATE		IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Year or No)	208. IF YES, WERE F	INDINGS CONSIDERED
	WAS PER	FORMED	11.8	IN CERTIFYING CAU	DES OF DEATH?
19A. DATE	DENT WAS HAIDERI VILIO	719 81 405 00 10111071	a of about 21 C WHERE DID	(16.2. B. 12.	Charles
OR CONTR	DENT WAS UNDERLYING DENTER DESCRIPTION OF	21B. PLACE OF INJURT (e.g., in home, form, loctory, street, of		III in Boltimore	City, give exact location)
DEATH (not	tily medical examiner	etc.)			
U					
21D. TIME	(Month) (Doy) (Teor)	(Hour) 21E INJURT OCCURRED	21F. HOW DID INJU	RT OCCUR?	
OF INJURT		While At Not Whil	e	/	
(APPROL)		Work At Work			
22 1	64 4504 (1) (d)	H-attended the deceased from	12/22/	15 to	1/22 1966
ZZ. I Certi	ty that (1) time nospita	ry unended the deceased from	11		*
that (1) (w	e) last saw the decease	ed alive an 1727	19.66 and that	In(my) (out) opin	ion death accurred on the
and hour o	and from the causes sta	ted above. (1) (115) (did) (did not) v	riew the body after death.		
23A. SIGNA	TURE				23 B. DATE SIGNED
	#1 1	-2 Unas 12 acc M.D. Atte	ending Med. M	toll	1
	Standay ?	Phy		hys.	1/28/16
23C. PHYSIC	IAN'S		23D. ADDRESS		
NAME	(T) \	Isanhera M D	1129 E. Baltimo	re St.	
	Dografies as Le	M.D.	TTEN DO DOTO INC	20 000	
AA BURIAL C	REMATION, 248. DATE	24C. NAME of CEMETERT OF CRI	EMATORT 24D. LOK	CATION (C')	town or country
REMOVAL	(Specily)	/ CENTERED OF CRI	240. 100	CATION (CIT)	y, lown, or county) (Stot
Decker	1 /21-	61 x/2 // N	000	1. 10.	C Soul
154 0475 077	The state of the s	y rouse of	all last	risource	01010
DATE REC	D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	26C. FUNERAL DIRECTOR	7	ADDRESS
FFD 0	ance A a a	0 . T. O. 44	12 011	Must PO	(4 Parell
1133	Japp (7.74.1	1 Colored Colored	Jane 17	Herry	1 Jarean a
/S T50-REV. 1/	1/65	1 4 0 0 0	0 1 5 5		-sen ch
		A STATE OF THE STA	1 10		



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

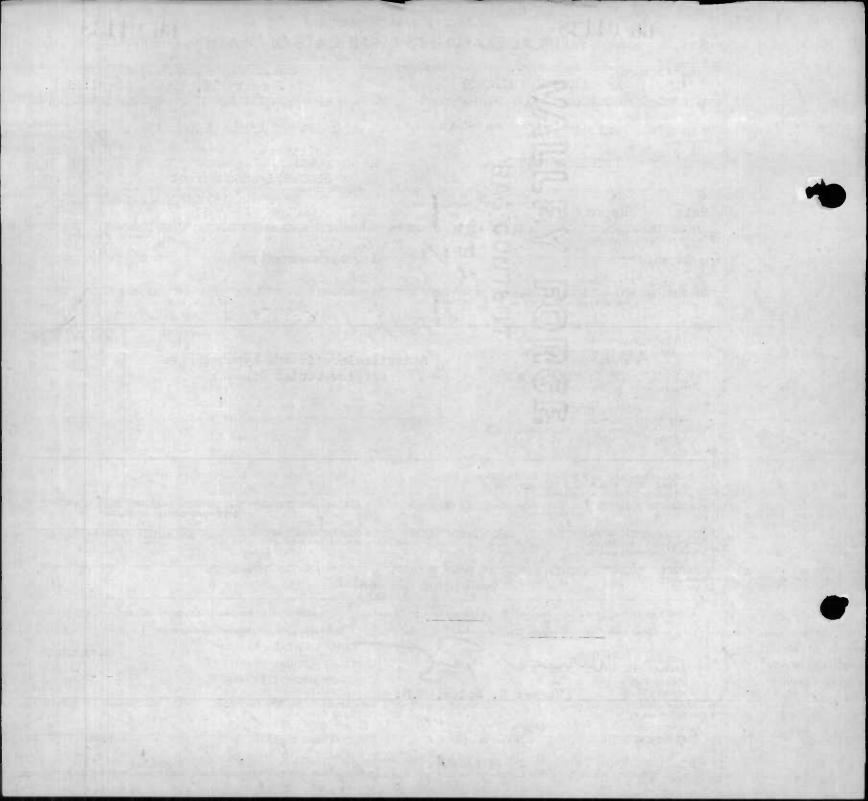
BAI	TIMORE CITY	HEALTH DEPARTMENT	6	6 01137
BIRTH NO. 66 01137 CF	RTIFICAT	E OF DEATH	Registered Na.	0 01107
M.E. CASE NO.			D HOUR OF DEATH	
(Type as Pant)	C.	Jan	30, 1966	1005 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND				1005 PM
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)		c. CITY OR TOWN (If outs	side city limits, write RI	JRAL ond give township)
University Hospital		Baltimo D. STREET ADDRESS (If is		
aniversity waspital	11			- 4
S. SEX 6. RACE 7. MARRIED, NEVER M	ARRIED B	2259 C	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
WIDQWED, DIVORCE MAPS CO. 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS done during most of working life, even if relived) Pain 4 Socretor Round Plan	ED (specify)	March 31 1888	ost birthdoyi	Months Doys Hours Min,
done during most of working life, even if retired)	OR INDUSTRY 1	1. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
Paint Sprayer Paint Pla	int	Virginia. 4. MOTHERS MAIDEN NAM		21 5.P.
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NAM	A E	
- James Jenk	193		7 K70 W7	
	RITY NO.	7. INFORMANT Mrs. Melva Clin Daugh Le	+ 2259 Ced	lley ST.
Ves discharge 1919 214=	03-5412	Daughte	r 5	sam e
18. 420,11	CAUSE OF			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	in Mye	cardial Infare	two Susp	acked imediate
(This does not mean the mode of dying, e.g., heal foilure, asthenia, etc. It means the disease, injury or complication which coused death.)				
ANTECEDENT CAUSES	(B) /+ Y	pertension	<u> </u>	1 months
DISEASES OR CONDITIONS, if any, giving	DOE 10			
underlying Condition lost.	(C)			2007 a c a c a c a c a c a c a c a c a c a
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE USEASE OR CONDITION CAUSING IT.	Pneuma	onia Loba	~	3 days
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF		20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED		No	IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF Lett.) DEATH (notify medical examiner) 21B. PLACE O home, form,	F INJURY (e.g., in actory, street, office	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
O 21D. TIME (Month) (Doy) (Yeor) [Hour) 21E, INJURY C	CCURRED	21 F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.) While At Work	Not While At Work			100
22. 1 certify that (I) (this hospital) attended the decease			966 to Ja	~ 30 1966
that (1) (we) last saw the deceased alive an				
and haur and from the causes stated above. (1) (We) (d				
23A. SIGNATURE				23B, DATE SIGNED
Harold a Standagood	M.D. Atlen	ding Med. Director	Stoff Phys.	Jan 30, 1966
23C. PHYSICIAN'S NAME (Type)	23	D. ADDRESS		
	M.D.			
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CI				, town, or county) (State)
Buri21 2/3/46 Cedar	Hill Ce	25C. FUNERAL DIRECTOR Charles 4.	Baltimort.	Mary land
25A. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTE	AR	CH2-125 L.	Tevens Fu-	ADDRESS FAC
1966 00 0 4 0 07 10 6	0-0-	1507 6	FORT P	PYTHUX
VS 150-REV. 1/1/6S	II.			



VS 151-REV. 1/1/65

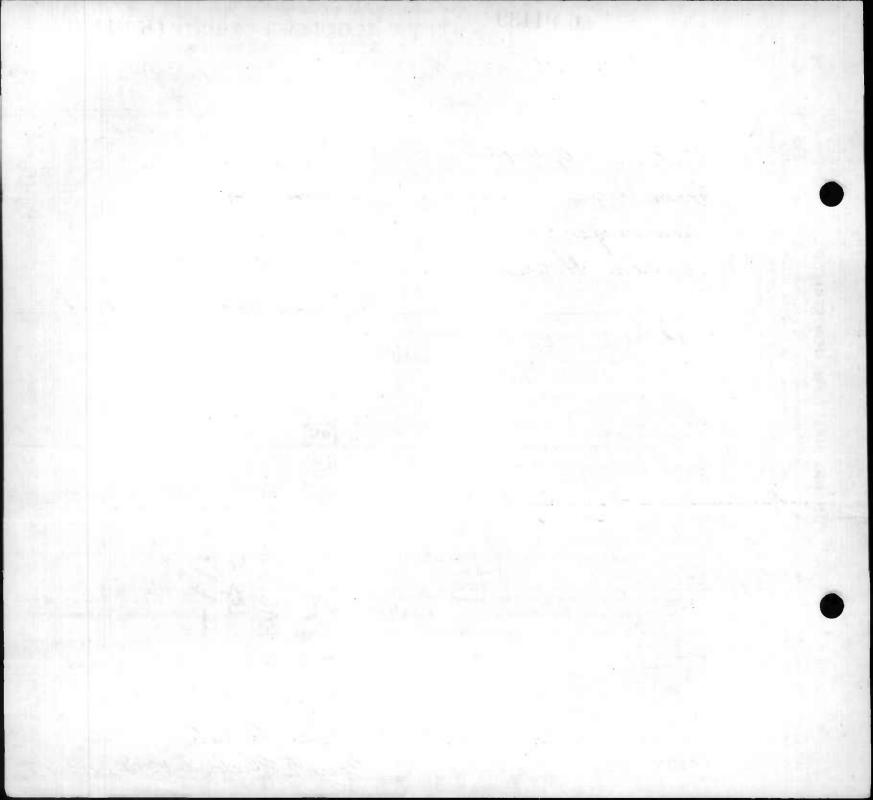
BALTIMO	DE CITY	HEALTH	DEPART	MENT

66 U1138 BALTIMORE CITY HEAL	
BIRTH NO. MEDICAL EXAMINER'S CI	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Piint) HERMAN GALLOWAY	January 31, 1966 7:15 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
LUTHERAN HOSPITAL	Baltimore 60/
LUIRERAN HOSTITAL	D. STREET ADDRESS (If rurol, give locoson) 3302 Brighton Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeois If Under 1 Yr, If Under 24 Hrs. Months, Doys , Hours , Min.
Male Negro WIDOWED, DIVORCED(specify)	12-15-1897 6768
TOA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
AET, COOK STEAMSHIP	GREENVILLE N.C. G.SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Maxnoun	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS
455 WWI 217-07-995	2 CLOSTTA GALLOWAY -SAME
118. 4 4 - X	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
	iosclerotic and hypertensive cardiovascular disease
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	cardiovascular disease
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	No IN CERTIFYING CAUSES OF DEATH?
Z1A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- Nome, form, foctory, street, or foctory, street, or foctory.	in a about 21C. WHERE DID (If in Boltimore City, give exact location)
UTING CAUSE OF DEATH.	
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT NOT NOT AT W	WHILE
22.	
I certify that I held on Inquiry Inspection X Au	
resulted from: Notural causes X Accident Suicid	CHIEF MEDICAL EXAMINER
ACTUAL 1005 Sand	
	ASSISTANT MEDICAL EXAMINER \(\big 2-1-66
EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
Smile 2/4/66 Buto n	ational Back mil
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
FER 3 1000 (A A A A A A A A A	m. al 1/28/ 00 (28 a) Com



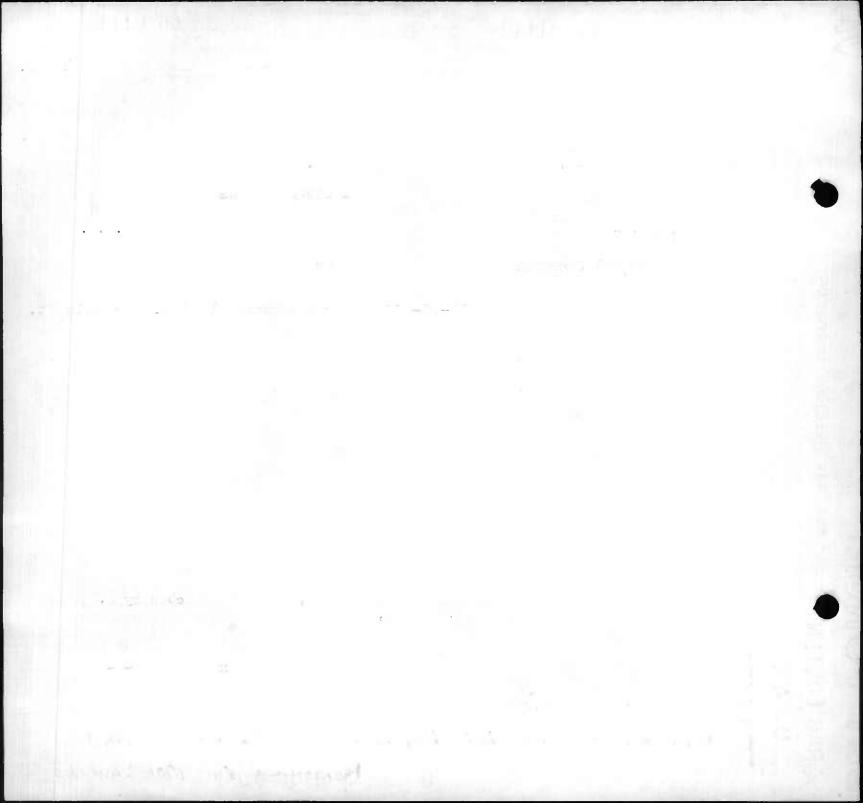
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

	00 01100	BALTIMORE CITY	HEALTH DEPARTMENT		
	H NO. 66 ULLSS	CERTIFICA	TE OF DEATH	Registered No.	66 01139
1, N.	AME OF DECEASED COME HAVE	is Wille.	ener Jan	nam 25,1	1966 9:00 PN
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	e deceosed lived. If ins TY	titution: residence before admission)
H	ULL NAME OF (If not in hospital or instituti OSPITAL OR oddress or location) ISTITUTION	on, give street	C. CITY OR TOWN (If outs	side city limits, write RI	URAL and give township)
	n , a , l	-	D. STREET ADDRESS (III	rural, give location)	mac 5300
1	Saltemore City Hosp		818-2	Street 9. AGE (In years	II Under 1 Yr. If Under 24 Hrs.
5. 5		IED, NEVER MARRIED WED, DIVORCED (specify)		lost birthday)	II Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
toA.	USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even if retired)	OF BUSINESS OF INDUSTRY	11. BIJTHPLACE (State or fareig	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	ATHERS NAME		14. MOTHER'S MAIDEN NAM	ergenea	
9	William Holden	U	mattic fo	Barcret	
15. V (Yes	Vas Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give war ar dotes of servi	SECURITY NO.	Patricia Me	llienie 81	8 Street
	18.42011	CAUSE O	F DEATH	014	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	(A) UCL	ite myeards	al Infact	l'on
	(This does not mean the mode of dying, heart failure, asthenio, etc. It means the diseinjury or complication which caused death.)		+ 0 0 -	1-	
	ANTECEDENT CAUSES	(B) DUE TO	ruroscles	160	
	DISEASES OR CONDITIONS, if any, given is to the obove cause (A) stoting		Heart D	Bease	
	UNDERLYING CONDITION (ast.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
CERTIFICA		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
A	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, lorm, factory, street, o etc.)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct lacotion)
MEDIC	21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At		URY OCCUR?	
	22. I certify that (I) (this hospital) attend			19 65 to	1/19 1966
	that (I) (we) last sow the deceased alive			ot in(my) (our) opin	nion death accurred on the dat
	ond hour ond from the couses stoted obov	e. (i) (we) (did) (did hot)	view the body after death.		23B. DATE SIGNED
/	The C fathers	M.D. Att	ending Med. Director	Stoff Phys.	1/28/66
	23 C. PHYSICIAN'S NAME (Type)	M.D.	105 Main	St 212	22
244	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME OF CEMETERY OF CR	EMATORY 24D. LO	OCATION (Cit	ly, town, or county) (Stote)
25A		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	roulus	ADDRESS
	FEB 3 1966 R.C. A.E.	Fallman	Boule L Est	rekeere 11.	29 n. Calkins ST
VS	150-REV. 1/1/65	0 0 0	1000		



	CASE NO.	CATE OF DEATH Registered No.6 01140	
17	AME OF DECEASED	2, DATE AND HOUR OF DEATH	
0.0	Irvin Johnson		2:5
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived If institution: residence before A, STATE B, COUNTY	ore od
H	FULL NAME OF (If not in hospital or institution, give street address or location)	Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give towns	(hip)
I	Provident Hospital	Baltimore	
9	1514 Division Street	D. STREET ADDRESS (If rurol, give location)	
7	Baltimore, Maryland	540 W. Lafayette Avenue	
5. SI	Male Negro 7. Married, Never Married Widowed, Divorced (specify) Widowed	8-5-1902 9. AGE (In years of Months Days Hou	Under
done	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTR U.S.A.	RY?
13. F	Carpenter FATHERS NAME	14. MOTHER'S MAIDEN NAME	
	Samuel Johnson	Sarah Johnson	
15. V	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17- INFORMANT ADDRESS	
(Yes,	s, no or unknown) (If yes, give wor or dates of service) SECURITY NO.		
	217-03-61		
	18.4-20.01	OF DEATH INTERVAL B	
	DISEASE OR CONDITION DIRECTLY		
	LEADING TO DEATH	ngestive heart failure	
	(This daes not mean the mode of dying, e.g., DUE TO heart failure, asthenio, etc. It means the disease,		
	injury or complication which caused death)		
	ANTECEDENT CAUSES (B) Ar	teriosclerotic heart disease	
	DUE TO	#####################################	********
	DISEASES OR CONDITIONS, if ony, giving		
	uise to the above couse (A) stoting the (C)		
	ONDERENIA COMPLITOR 1031.		
_ [11		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
ATI	DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERE	D
ERTIFIC	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?	
100	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.	g., in or about 21C. WHERE DID (If in Baltimore City, give exact local	tion)
1 1 1	OR CONTRIBUTING CAUSE OF home, form, foctory, street	office bldg., INJURY OCCUR?	
0	DEATH (notify medical examiner) etc.)		
CALC			
CALC	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?"	
AEDICAL C	OF INJURY While At Not V	Yhile	
AEDICAL C	OF INJURY	Vhile onk	
MEDICAL C	OF INJURY While At Not V	Vhile onk	19.
MEDICAL C	OF INJURY (APPROX.) While At Work Not Very Work	Vhile □ February 2, 1966 to February 2,	
MEDICAL C	OF INJURY (APPROX.) While At	Vhile on the state of the state	19.!! d an t
MEDICAL C	OF INJURY (APPROX.) While At Work At W 22. I certify that (I) (this hospital) attended the deceased fram. that (I) (we) lost sow the deceased alive on February and haur and fram the couses stated above. (I) (We) (did) (did no	Vhile on the state of the state	
MEDICAL C	OF INJURY (APPROX.) While At	Vhile on the state of the state	
MEDICAL C	OF INJURY (APPROX.) While At Work At W 22. I certify that (I) (this hospital) attended the deceased fram. that (I) (we) lost sow the deceased alive on February and haur and fram the couses stated above. (I) (We) (did) (did no	Vhile onk February 2, 1966 to February 2, 2, 1966 and that in (my) (aur) apinion death accurred t) view the body ofter death.	
MEDICAL C	OF INJURY (APPROX.) While At	Vhile onk February 2, 1966 to February 2, 2, 1966 and that in(my) (aur) apinion death accurred t) view the body ofter death. Attending Med. Stoff Phys. 2 2-3-66	
MEDICAL C	OF INJURY (APPROX.) While At Work At W 22. I certify that (I) (this hospital) attended the deceased fram. that (I) (we) lost sow the deceased alive on February and haur and fram the couses stated above. (I) (We) (did) (did no	Vhile onk February 2, 1966 to February 2, 2, 1966 and that in (my) (aur) apinion death accurred t) view the body ofter death.	
MEDICAL C	OF INJURY (APPROX.) While At Work 22. I certify that (I) (this hospital) attended the deceased fram. that (I) (we) lost sow the deceased alive on February and haur and fram the couses stated abave. (I) (We) (did) (did no 23A. SIGNATURE 33C. PHYSICIAN'S NAME (Type)	Ville onk February 2, 1966 to February 2, 2, 1966 and that in (my) (aur) apinion death accurred by view the body after death. Attending Med. Stoff Phys. 223B. DATE SIGNED 23B. DATE SIGNED 2-3-66	
MEDICAL C	OF INJURY (APPROX.) While At Work 22. I certify that (I) (this hospital) attended the deceased fram. that (I) (we) lost sow the deceased alive on February ond haur and fram the couses stated abave. (I) (We) (did) (did no 23A. SIGNATURE 33C. PHYSICIAN'S NAME (Type) Jose B. Corvera M.D.	Vhile onk February 2, 1966 to February 2, 2. 1966 and that in(my) (aur) apinion death accurred t) view the body ofter death. Attending Med. Stoff Phys. 223B. DATE SIGNED 23B. DATE SIGNED 23D. ADDRESS D. 1514 Division Street	d an t
MEDICAL C	OF INJURY (APPROX.) While At Work 22. I certify that (I) (this hospital) attended the deceased fram. that (I) (we) lost sow the deceased alive on February and haur and fram the couses stated abave. (I) (We) (did) (did no 23A. SIGNATURE 33C. PHYSICIAN'S NAME (Type)	Vhile onk February 2, 1966 to February 2, 2. 1966 and that in(my) (aur) apinion death accurred to view the body after death. Attending Med. Stoff Phys. 223B. DATE SIGNED 23B. DATE SIGNED 2-3-66 23D. ADDRESS D. 1514 Division Street	
MEDICAL C	OF INJURY (APPROX.) While At Work 22. I certify that (I) (this hospital) attended the deceased fram. That (I) (we) lost sow the deceased alive on February and haur and fram the couses stated abave. (I) (We) (did) (did no 23A. SIGNATURE 33C. PHYSICIANS NAME (Type) Jose B. Corvera M.D. BURIAL CREMATION, [248. DATE [24C. NAME of CEMETERY of	Vhile onk February 2, 1966 to February 2, 2. 1966 and that in(my) (aur) apinion death accurred t) view the body ofter death. Attending Med. Stoff Phys. 223B. DATE SIGNED 23B. DATE SIGNED 23D. ADDRESS D. 1514 Division Street	d an t
MEDICAL C	OF INJURY (APPROX.) While At Work 22. I certify that (I) (this hospital) attended the deceased fram. That (I) (we) lost sow the deceased alive on February and haur and fram the couses stated abave. (I) (We) (did) (did no 23A. SIGNATURE 33C. PHYSICIANS NAME (Type) Jose B. Corvera M.D. BURIAL CREMATION, [248. DATE [24C. NAME of CEMETERY of	Vhile onk February 2, 1966 to February 2, 2. 1966 and that in(my) (aur) apinion death accurred t) view the body ofter death. Attending Med. Stoff Phys. 223B. DATE SIGNED 23B. DATE SIGNED 23D. ADDRESS D. 1514 Division Street	d an t
MEDICAL C	OF INJURY (APPROX.) While At Work 22. I certify that (I) (this hospital) attended the deceased fram. That (I) (we) lost sow the deceased alive on February and haur and fram the couses stated abave. (I) (We) (did) (did no 23A. SIGNATURE 3. SIGNATURE M.D. 23C. PHYSICIAN'S NAME (Type) JOSE B. COTVETA M.B. BURIAL CREMATION, REMOVAL (Specify) ACTION 1248. DATE 24C. NAME of CEMETERY of ACTION 1248. DATE	Ville onk February 2, 1966 to February 2, 2. 1966 and that in (my) (aur) apinion death accurred t) view the body ofter death. Attending Med. Stoff Phys. 223B. DATE SIGNED 23B. DATE SIGNED 2-3-66 23D. ADDRESS D. 1514 Division Street CREMATORY 24D. LOCATION (City, lown, or county) BAKO, Add.	d an t

25A. DATE REC'D BY HEALTH DEPT.
FEB 3 1966 Q 258, NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR ST. 1701 LAurens VS 150-REV. 1/1/65

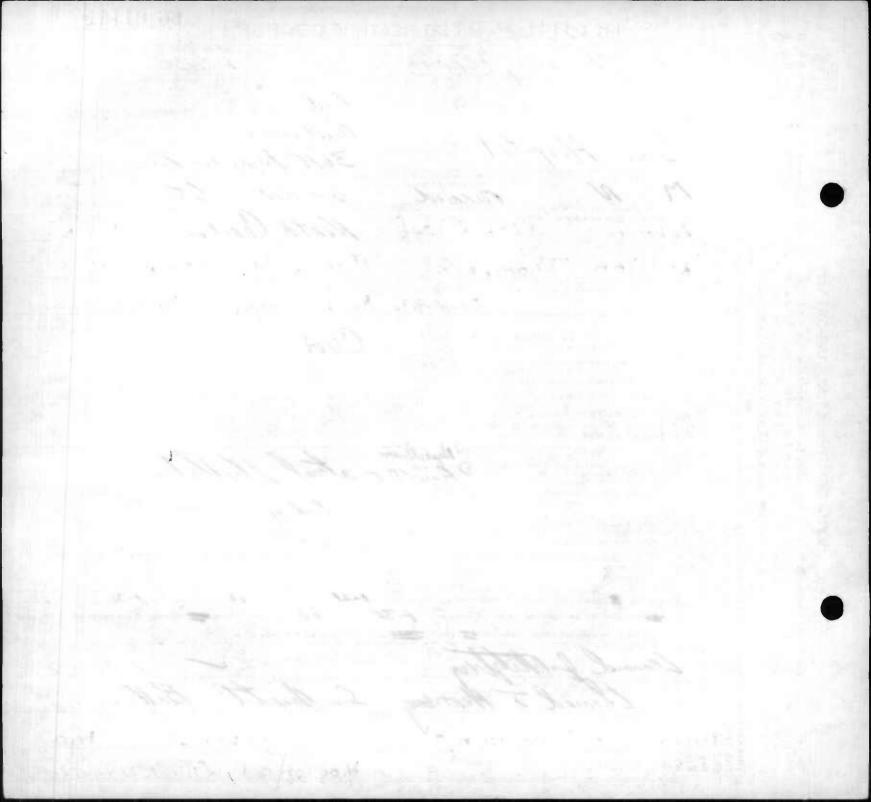


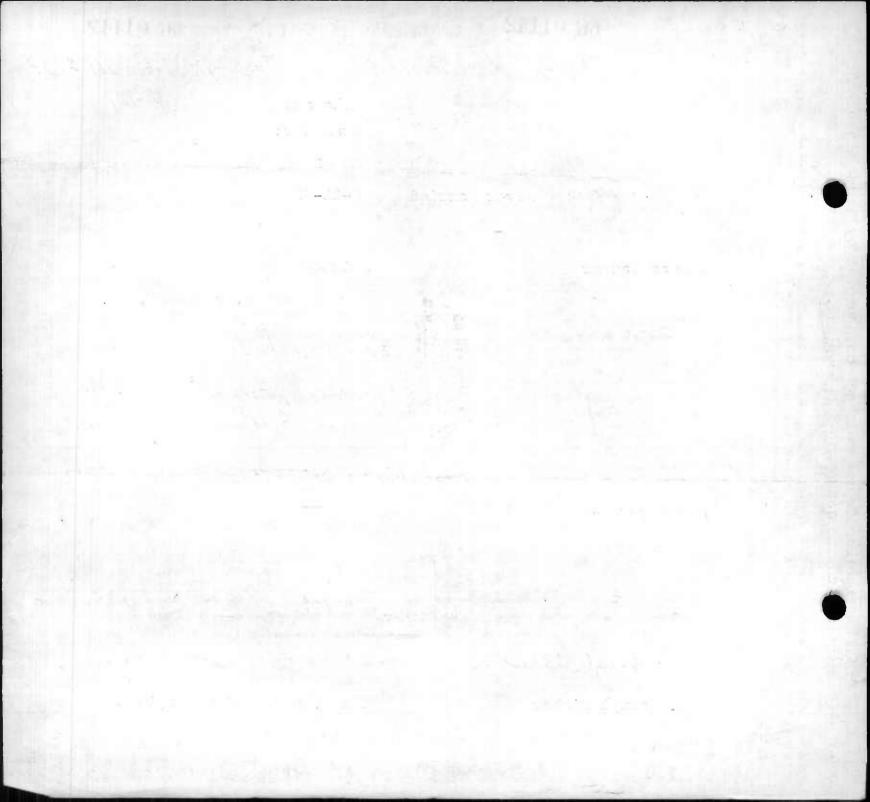
IMPORTANT FUNERAL DIRECTOR:

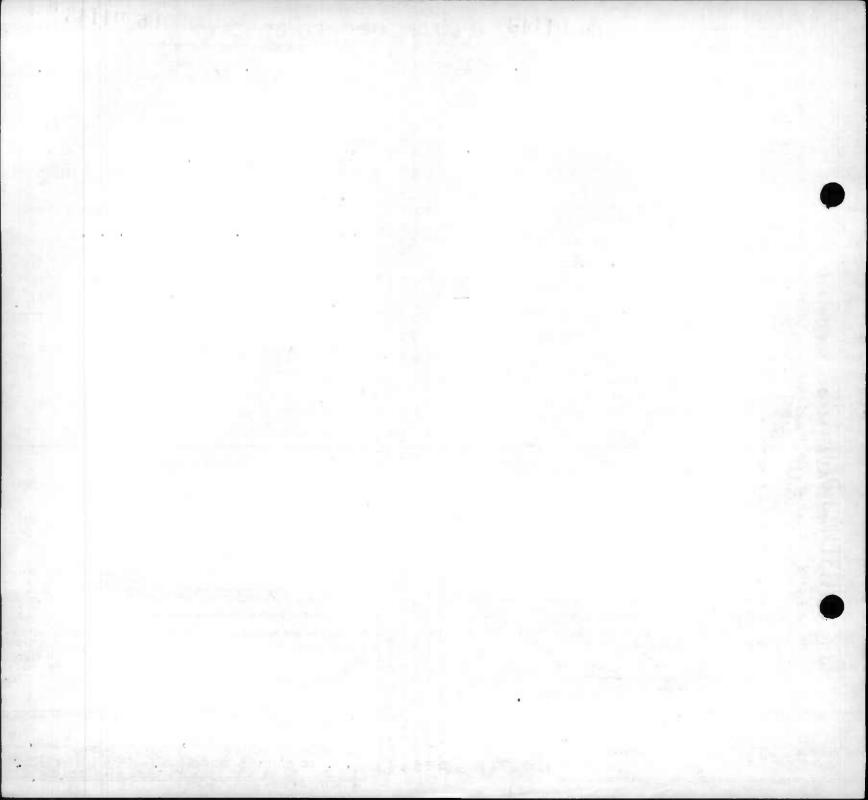
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CITY	Y HEALTH DEPARTMEN	VT CC	01141
BIRTH NO.	6B901 \$131	CERTIFICA	TE OF DEAT	H Registered No.	OTTAL
M.E. CASE NO.	ED 1			TE AND HOUR OF DEATH	100
(Type ar Print)	Thompson	termon		1-31-66	2 3 Am.
3. PLACE OF DEATH	IN BALTIMORE MARYLAND			(Where deceased lived. If ins	titution: residence before edmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(If net in hospitet er institu address er lecation)	rtian, give street	C. CITY OR TOWN	(If autside city limits, write RI	URAL end give tewnship)
12	1/	5/	D. STREET ADDRESS	OR C (If sure), give lecetion)	
Oina.	: Hospil	a /	36/5	Fairview Pr	Tue
S. SEX M		OWED, DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In yeers lest birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPA	TION (Give kind of work 10B, KIT	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	er fereign country)	12. CITIZEN OF WHAT COUNTRY?
La hare	150	th STeel	North	Carolina	4.5.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Willi	AM Thou	MOSON	Connie	A Thom	PSON
15. Was Deceased Eve	yes, give wer ar detes of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	, oo, g	213-07-9136	Mrs. L. V. T	thompson .36	15 FAIr VIEW
18. 3. 3 /	XI		OF DEATH	101, 000,	INTERVAL BETWEEN
	OR CONDITION DIRECTLY		Plin		ONSET AND DEATH
	ADING TO DEATH	(A)	C007	• washawaanininina amadah aa madah +44 washinin abah -4 wash	> > > D
heart failure, ast	mean the made of dying, henia, etc. It means the dis				
	calian which caused death.)	(B)			
	ECEDENT CAUSES	DUE TO			######################################
	CONDITIONS, it any, gabave cause (A) stating				
UNDERLYING C	ONDITION last.	0.4.11			
OTHER SIGNIFIC	II ANT CONDITIONS CONTRIB TH BUT NOT RELATED T	UTING O ASCUD	- atrial	Chillation	
	PERATION CAUSING IT. 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (V65	or Nel 208. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTION	WAS UNDERLYING	218. PLACE OF INJURY (e.g., heme, form, foctory, street, etc.)	in er ebout 21 C. WHERE C)1D (II in Beltimore UR?	City, give exact tocetion)
U					
OF INJURY	lonth) (Dey) (Year) (Hour)	While At Not White At Work	ile 🦳	D INJURY OCCUR?	
22. I certify the	ot 🗃 (this hospital) atten	ded the deceased from	1-21	1966 to	1-31 1966
that (I) (st sow the deceased alive	on	0 19 66 0		ion death occurred on the date
1		ve. (1) (414) (did) (did not)			
23A. SIGNATURE	0 0 -				23 B. DATE SIGNED
Leon		Gerling M.D. Att	tending Med.	Stelf Phys.	1-31-66
23C.PHYSICIAN'S NAME (Type)	Leoned J	- Heptzberm.D.	23D. ADDRESS	ital B	Minere DA
24A. BURIAL CREMA	TION, 24B. DATE	4C. NAME of CEMETERY OF CE	REMATORY	24D. LOCATION (City	, tewn, er countyl (State)
BuriAL Spec	2-5-66	Arbutus		Arbutus	md.
2SA, DATE REC'D BY	HEALTH DEPT. 5 25B. N.	ONE OF REGISTRAR	25C. FUNERAL DIRE	ECTOR	ADDRESS

& Nyell - 1701 HAYTENS V\$ 150-REV. 1/1/65



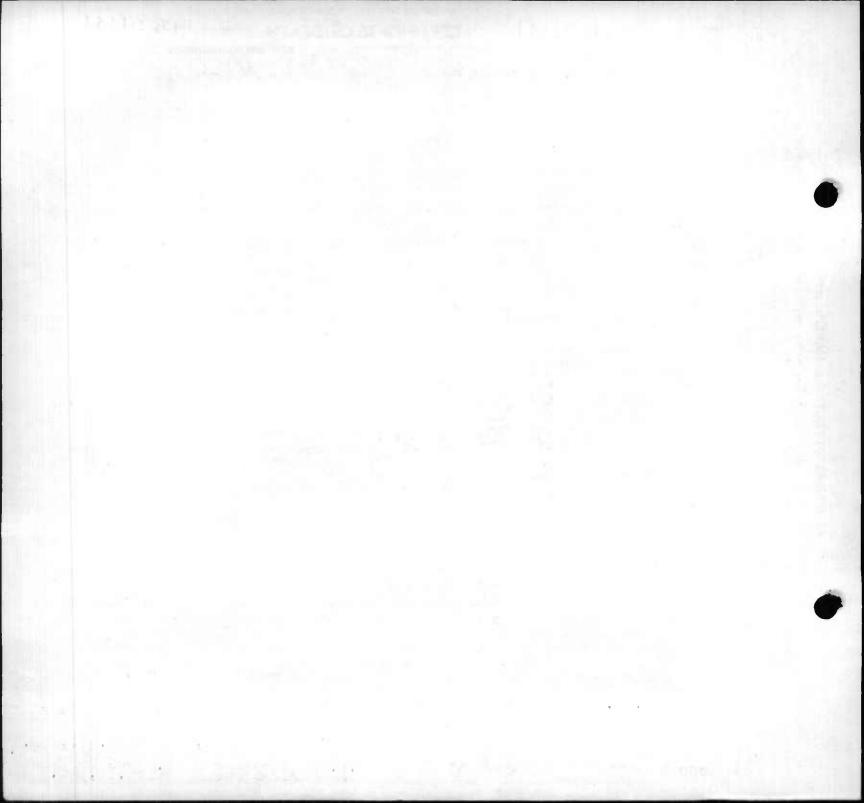




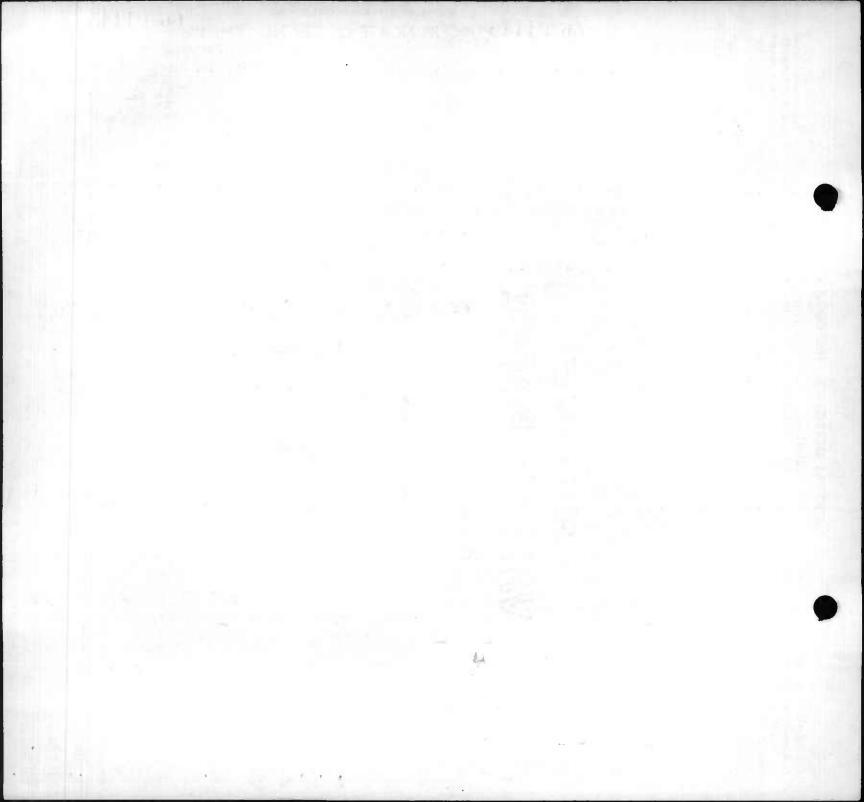
BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED (Type or Pain) S. PLACE OF DEATH IN BALTIMORE MARKLAND FULL NAME DF (If not in hospital or institution, give street address or locotion) FULL NAME DF (If not in hospital or institution, give street address or locotion) D. STREET ADDRESS (If rorol, give lacation) D. STREET ADDRESS (If rorol, give lacation) J. J
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HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside fry limits, writo RURAL and give township) D. STREET ADDRESS (If rord), give lacation) J. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min. Manths: Days Hours Min. Manths: Days Hours Min. Manths: Days Hours Min. Min. Manths: Days Hours Min. Min.
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5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths; Days Hours; Min. Manths; Day
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13. FATHER'S NAME Letter S MAIDEN NAME Let
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NO Medical Ricards Rasmo INTERVAL BETWEEN
18.44 7 0 . O INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., DUE TD
heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES (B) THEN OS CLEVES (FLOOR PUR YEAR)
DISEASES OR CONDITIONS, if any, giving
rise to the obove cause (A) stoling the (C)
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O 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID OR CONTRIBUTING CAUSE OF hame, form, foctory, street, office bldg., INJURY OCCUR?
D 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not While Not Wark At Wark
22. I certify that (4(this hospital) attended the deceased from 7-3/- 1964 to 1-3/ 1966.
that (t)-(we) lost saw the deceased alive an
ond hour and from the causes stated above. (4) (We) (did) (did not) view the body after death.
23A. SIGNATURE 23B. DATE SIGNED M.D. Attending Med. Stoff D
23C PARSICIANS Director Phys. Director Phys. Director Phys.
23C. PHISICIANS NAME (Type) 23D. ADDRESS 21229
Dr. J. Raymond Gladue M.D. 350 Wilkens Avenue, Baltimore, Md
REMOVAL (Specify)
Burial 2/3/1966 Lorraine Park Woodlawn, Balto.Co., Md.
FEB 3 1966 C. D. & E. Columb C O H. W. Jenkins & Sons Co. 14905 York Road

VS 150-REV. 1/1/65

Md. Road

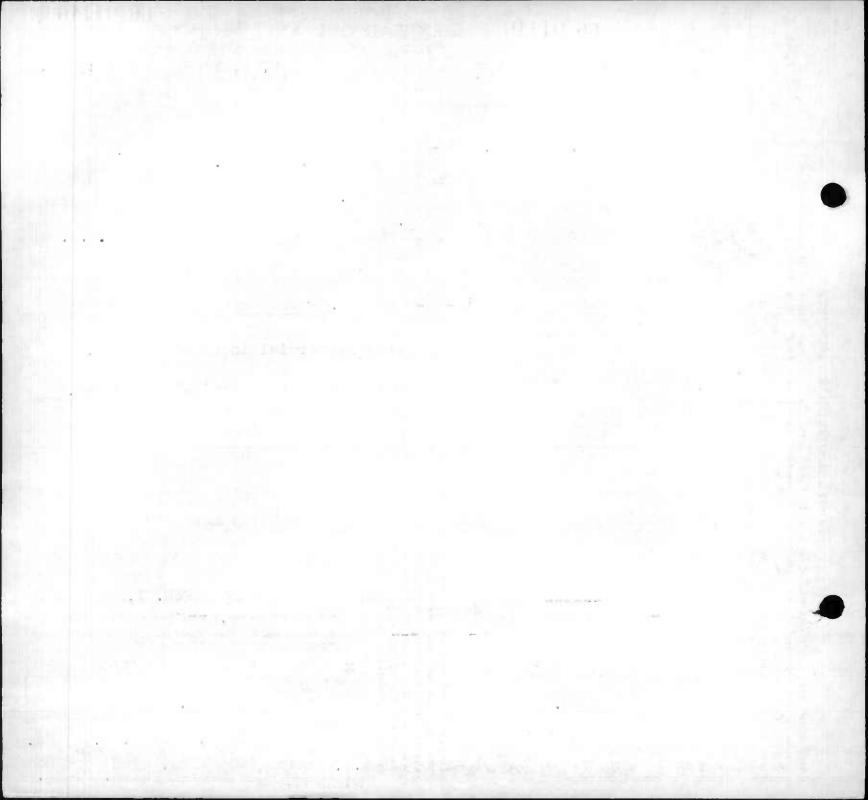


	Y HEALTH DEPARTMENT	011/5
BIRTH NO. 66 01145 CERTIFICA	TE OF DEATH Registered No.6	ULLYU
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	.00
(Type or Print) SANBORN FREDERICK WIL	LIAM 2/2/66	A.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If insti	itution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street	MARYLAND }	1-19
HOSPITAL OR oddress or locotion)	C. CITY OR TOWN (If outside city limits, write RU	RAL and give township)
US PUBLIC HEALTH SERVICE HOSPITAL	BALTIMORE	
WYMAN PARK DR. & 3151 ST.	D. STREET ADDRESS (If rurol, give location) 1632 WINFORD RO	PAD
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
married married	11/3/10 23	
IDA. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MATE SEAFARER	MARYLAND	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
FRED W. SANBORN	NORA TRACEY	
15. Was Deceosed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No 40528 9848	RECORDS - USPHS HOSP,	ISALTO, MO,
18. / 6.3 X I CAUSE C	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	DEPERAL METALTACE	
LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO	EREBRAL METASTASE	S WEEKS
heart failure, asthenia, etc. II means the disease.		
injury or complication which caused death,) ANTECEDENT CAUSES (8)	ARCINOMA OF LUNG	MONTHS
DUE TO		MOO CHA 100 HA 110 000 0 204 20 0 20 0 20 0 20 0 20 0
DISEASES OR CONDITIONS, if ony, giving rise to the abave cause (A) stating the (C)		
UNDERLYING CONDITION Iosi,		
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE USEASE OR CONDITION CAUSING IT.		
	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIN	NDINGS CONSIDERED
1/2/63 OTHERIOSIS	N.O	ot or beath:
O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or contribution) 21B. PLACE OF	in or about 21C. WHERE DID (If in Boltimore of INJURY OCCUR?	City, give exact location)
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) While AI Not Whi		
Work L At Work		2/2 1966
22. I certify that (I) (this haspital) attended the deceased fram		
that (I) (we) last saw the deceased alive an	1966 and that in (my) (aur) apini	on deoth accurred an the date
and hour and from the causes stated above. (1) (We) (did) (did nat)		DATE CIONED
23A. SIGNATURE M.D. AH	ending Med. Stoff	3B. DATE SIGNED
Phy	ys. Director Phys.	2/2/00
23C. PHYSICIAN'S NAME (Type) REX M. (RACTO SURE (RACTO	USPHS HOSP, BALTO,	mo.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)		town, or county) (State)
	Womonial Mimonium	26.26
Burial 2-5-66 Dulaney Valle: 25A. Date REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	y Memorial Timonium 25C. FUNERAL DIRECTOR	ADDRESS Md
FEB 3 1966 Q. P. It & Starley M.	H.W.J. & Sons Co. 4905	York Rd. Balto
VS 150-REV. 1/1/65	0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	TOTAL TIME STOWN OO



	BALTIMORE CITY	HEALTH DEPARTMENT		66 01146
BIRTH NO. 66 U1146	CERTIFICA	TE OF DEATH	Registered No.	00 01110
M.E. CASE NO. 1, NAME OF DECEASED			ND HOUR OF DEATH	
(Type or Print) John Glen Kno	**			1 70.20 4
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	Α	II4. USUAL RESIDENCE (Who	L. 1900	10:30 A.
		A. STATE B. COUP	NTY A-A-	onon, residence deloje dankas
FULL NAME OF (If not in hospital or institution, g HOSPITAL OR oddress or tocotion) INSTITUTION	ive street	Maryland c. city or town (# ou	otside city limits, write RUR	RAL ond give township)
2		Baltimore		
505 E. 35th St.			rurol, give location)	
		505 E. 35t	h St.	
T.T WIDOWED	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH Aug. 7,1890	9. AGE (In years In lost birthday)	f Under 1 Yr. If Under 24 Nonths Doys Hours Mir
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
done during most of working lile, even if retired)	Co.			WHAT COUNTRY?
Clothing Cutter Cambri	dge Tailori	ng Maryl	and	U.S.A.
John Thomas Knox		Sara Rebecc	a Munroe	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes WWI		Mrs.Bertha	Marie Know	(Same)
18. 44-0 0 11	CAUSE O		TO INIOX	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	CAUSE O			ONSET AND DEATH
LEADING TO DEATH	Acu	te myocardial	infarction	6 mo.
(This does not mean the mode of dying, e.g.,	DUE TO	oo myoodi atal	THIALCOTON	O MO.
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)				
ANTECEDENT CAUSES	(B) Art	eriosclerotic	cardio-	10 yrs.
	DUE TO			
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(C)			
UNDERLYING CONDITION last.			******************************	**************************************
II.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.				
198. CONDITION FOR WAS PERFORMED	HICH OPERATION	NO NO	10 208. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 218,	PLACE OF INJURY (e.g., in	fice bldg., tNJURY OCCUR?	(If in Baltimore C	ily, give exact location)
▼ DEATH (notify medical examiner) etc.)	, totti, locioty, sheet, o	siago introki occok:		
	INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
S OF INJURY	e At Not Whil			
(APPROX) Worl				
22. I certify that (I) (this hespital) attended th			19 65 to Feb.	1, 19 60
that (I) (we) lost sow the deceased alive on	January 27	19 66 and t	not in (my) (our) opinia	in death occurred on the
and hour and from the couses stated above. (1)	(#e) (did) (did not)			
23A. SIGNATURE		Thomas and Atami	23	R DATE SIGNED
The Africa	e, la M.D. Alte	ending Med.	Stoff	2/3/66
23C. PHYSICIAN'S	Phy	s. Director 23D. ADDRESS	Phys.	2/3/00
NAME (Type)	9			
Lloyd E. Saylor	M.D.		ount Ave.	
24A. BURIAL CREMATION. 248. DATE 24C, NA REMOVAL (Specify)	ME of CEMETERY OF CRI	EMATORY 24D. I	OCATION (City,	town, or county) (State
	orraine Par	le lelo	odlawn, Bal	Ito Co Ma
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O		25C. FUNERAL DIRECTO		Lto.Co., Md
	Court o	H.W.Jenkins		4905 York Ro
LTD 0 1300 (SYKEN) CIVICE	30			Balto 12 Md.

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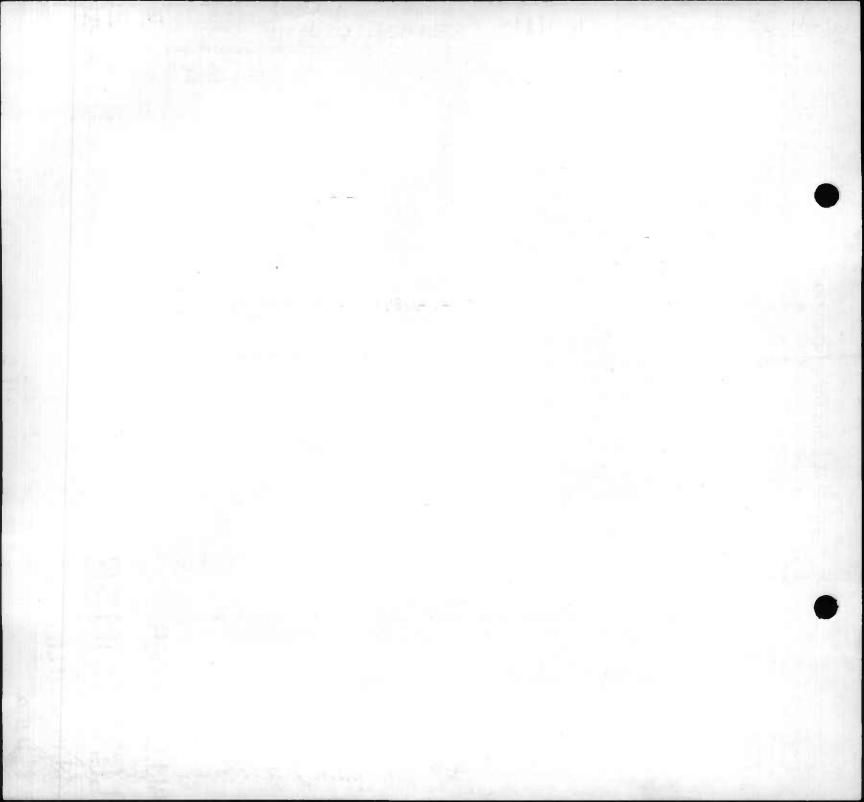
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death.

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RTH NO.	66 01	148	CERTIF	ICATE C	F DEATH	Registered N	. 66 011	.40
E CASE NO.	CEASED					AND HOUR OF DEAT	тн	4
ype or Print)	ERNEST	WILTO	N			1-30-6	6	2-
PLACE OF DE	ATH IN BALTIMORE, MAR			4, USU		Where deceased lived, I	f institution: residence	e before odmis
EIIII NIAAAR A	NE (If one in bounded of	. taastausti	TOTAL COLUMN		aryland	701111	11-01	
HOSPITAL OR	OF (If not in hospital o oddress or location)		ve street			outside city fimits, writ	te RURAL and give	township)
INSTITUTION	has			В	altimore			
/	MEKRY			D. STRE	ET AOORESS	(If rurol, give location)		
	. /			9	08 North	Calvert Str	eet	
SEX	6. RACE		NEVER MARRIED DIVORCED (spec		OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. Months: Doys	tf Under 24 Hours Mi
Male	White		ried	6-3	-1900	65	Withins; Doys	10013
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	working life, even if retired)			N	orth Card	olina	WHATCO	UNIKT
etired -	- Handy Man			14. MO	HER'S MAIDEN	NAME		
Ebanize	r Wilton				Mary E.			
	Ever in U. S. Armed Forc		6. SOCIAL	17. INFO		0000	1 14 OBI	FFC
	(If yes, give wor or dotes		SECURITY NO.				Fenwick ON	venue
			246-10-17	784 Mrs.	Dories 1	Nelson		
18. 4.	0./1		CA	USE OF DEATH	1			AL BETWEEN
DISEA	SE OR CONDITION DIRE	ECTLY		(C)		1	7 1	
AND I	LEADING TO DEATH		(A)	QUE Mai	hemow	Maac	50	ays
		duine e	DILLE					
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heort foilure,	asthenia, etc. It meons mplication which caused	the diseose,	DUE	10		0	100	laus
heort foilure,	asthenia, etc. It meons	the diseose,	(B)	10	idial w	0	iQc	lays.
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heort foilule, injuly at cor	asthenia, etc. It meons mplication which caused ANTECEDENT CAUSES	the disease, death.)	(B) DUE	Миоса		farction	i'Q d	lays.
heort foilule, injuly at cor	asthenia, etc. It meons implication which caused ANTECEDENT CAUSES OR CONDITIONS, if a re above cause (A)	the disease, death.)	(B) DUE	Миоса	rdial w	farction	ì© c	lays.
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	BALTIMORE CITY	HEALTH DEPARTMENT		00 01140
BIRTH NO. 66 01149	CERTIFICA	TE OF DEATH	Registered No.	66 01149
M.E. CASE NO.	0	2. DATE ANI	HOUR OF CEATH	UØ
(Type or Print) Myrtle Parker	- Richard	Ison Feb	. 2, 1966	3: - Pm.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	deceased lived If instit	ution: residence before admission)
FULL NAME OF (If not in hospital or institution	, give street	Md. B		
HOSPITAL OR oddress or location)	, 1	Baltimor		(AL and give township)
University Hospi	Tal		eurol, give location)	
		0 - 0	Ivania Av	e 21201
F A WIDOW	D, NEVER MARRIED (ED, DIVORCED (Specify)		ost birthdoy)	f Under 1 Yr. If Under 24 Hrs. Ooths Ooys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if refired)		11. BIRTHPLACE (State or foreig	gn country)	2. CITIZEN OF WHAT COUNTRY?
Hone	-	Maryland		USA
13. FATHER'S NAME		14. MOTHERS MAIDEN NAM	A E	
Arthur F. Park	cer	Myntle 3	Brown	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		AODRESS
No		Medical	record	
18. 286.71	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	11	IFRUICHE'S	Purcou A	
(This does not mean the mode of dying, e.		FILLOUCKF	TWENTH W	20 -
heart failure, asthenia, etc. It means the disease injury or complication which coused death.)	e,	CASH VA		Moutite.
ANTECEDENT CAUSES	(B)	PASHY	000000000000000000000000000000000000000) (000)113.
DISEASES OR CONDITIONS, if ony, givin	1g			
rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	1e (C)	Augustus Marian Maria Ma		
_ 11	40			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO OISEASE OR CONDITION CAUSING IT.	NG THE			
OISEASE OR CONDITION CAUSING IT.	R WHICH OPERATION	[20A. AUTOPSY? (Yes or No)	208, IF YES. WERE FIN	DINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		YES OF No.	IN CERTIFYING CAUS	S OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	18. PLACE OF INJURY (e.g.,	in or about 2 C. WHERE DID	(If in Boltimore_C	ity, give exact location)
	ic.)		and the second s	
21D. TIME (Month) (Doy) (Yeor) (Hour) 2	E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
NA PAROY	While At Work At Work			
22. I certify that (1) (this haspital) attended			966 to Fel	2 1966,
that (M (we) last saw the deceased alive ar	Feb 2,	19 66 and the	at in (my) (aur) apinio	on death occurred on the date
and hour and from the causes stoted above.	(We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE	M.D. AH	tending Med.	Stolf 2	BR. DATE SIGNED
The Buyerdans	Dry Phy	ys. Director Director	Phy s.	2 FED. 66
23C. PHYSICIAM'S NAME (Type)	70 40	1	-1730 11	SSP.
24A. BURIAL CREMATION, 124B. DATE 1248.	NAME of CEMETERY OF CR			
REMOVAL (Specify)	ast fuch		2 - 1	town, or county) IStote)
25A, DATE REC'D BY HEALTH DEPT. 25B, NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR	jac jeu	AODRESS OF
FEB 4 1966 Q.C.	5 E. Jackey M.A.	Callacke	1 A Rico	661W Barro
VS 150-REV. 1/1/65	or U W e	1 1 1	v cer (ve	6 0100 10000

Saltamera. 1 stigest yticsound 905 Tennsylvania Ave 20 12/2/29 36 Married Maryland Proce Myrtle Brown Arthur F Parker Medical record

None

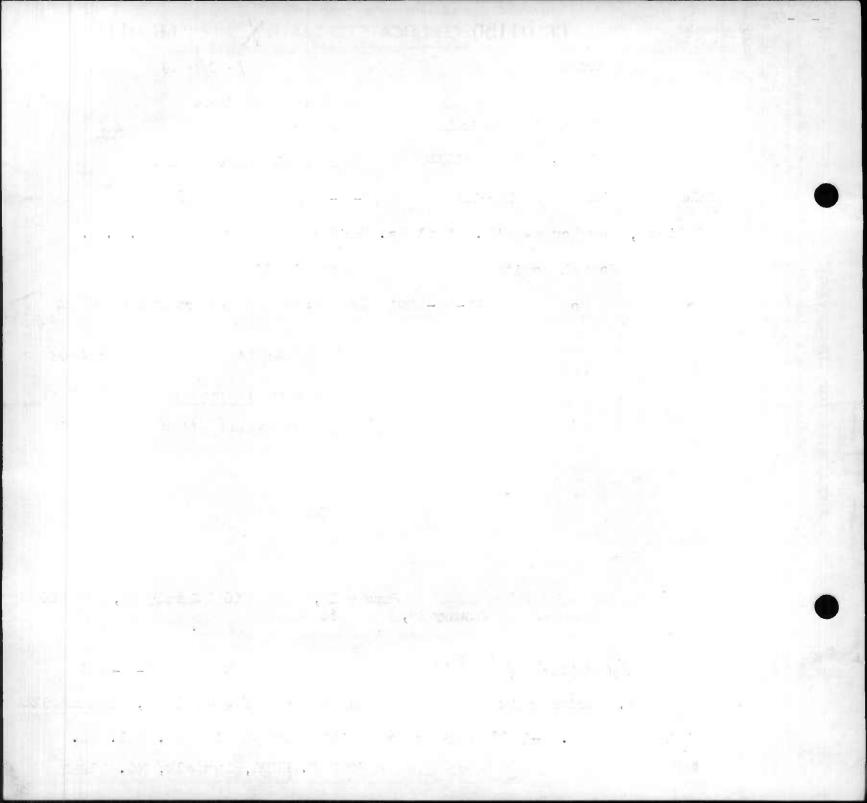
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No 1.	20	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO.	66	01150 CERTIFICA	TE OF DEATH Registered No.	6 01150
M.E. CASE NO.			2. DATE AND HOUR OF DEATH	
(Type or Print)	John Moritz		1-29-6	6 5 50 00
	TH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived. If in	stitution; residence before admission)
			A. STATE 8. COUNTY Manysland Politimans	
FULL NAME O	F (If not in hospital oddiess or location	or institution, give street	Maryland Baltimore C. CITY OR TOWN (If outside city limits, write	BIIRAL and nive Assumption
INSTITUTION	Baltimore (City Hospitals	Dundalk	Jan 19 19 19 19 19 19 19 19 19 19 19 19 19
21	4940 Easter	n Avenue	D. STREET ADDRESS (If rurol, give location)	RURAL 55
1	Baltimore,			222
5. SEX	White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED Ispecify) Married	9. AGE (In years lost birthday) 9-22-1899 66	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retire		e-Beth. Steel Co.		U. S. A.
3. FATHER'S NAM	AE		14. MOTHER'S MAIDEN NAME	
	Joseph M		Anna Sibalik	
5. Was Deceased Yes, no or unknown	Ever in U. S. Armed For	ses of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	No	213-09-0021	RECORDS:BCH 4940 Eastern	Avenue 21224
18.4/6	XI	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEAS	LEADING TO DEATH	(A)	Preumonia Cerebal embolism	3 days
	of meon the mode of osthenia, etc. If means	dying, e.g., DUE TO		
	plicolion which caused		0 10 11-	2
,	ANTECEDENT CAUSES	18)	Cerchal imbolism	Lucks
DISEASES C	R CONDITIONS, if	ony, giving	MI: + 12 +h-	
rise to the	obove couse (A) CONDITION last.	slating the (C)	Rhimatic Heart Diein	e years
	11			
OTHER SIGNI TO THE D DISEASE OR	FICANT CONDITIONS (CONTRIBUTING		
DISEASE OR	CONDITION CAUSING	IT.		
19A. DATE OF	OPERATION 198. CON WAS PER	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF	218. PLACE OF INJURY le.g., i home, form, foctory, street, etc.)	n or obout 21 C. WHERE DID (If in Boltimon	e City, give exect location)
Q 21 D. TIME	(Month) IDoy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY		While At Not Whi		
		Work		20 66
22. I certify	that (I) (this hospita	1) attended the deceased from Jaj		ary 29, 1966
that (I) (we)	lost sow the decease	ed olive on January 29,	19 66 and that in(my) (our) opi	nian deoth occurred an the dote
and hour and	from the couses sta	ted obove. (1) (We) (did) (did not)	view the body ofter deoth.	
23A. SIGNATU	RE 0	00 -11-1		23 B. DATE SIGNED
	Lawren	e In ayu M.D. Att. Phy	ending Med. Stoff Phys.	1-29-1966
23 C. PHYSICIA	NS		23D. ADDRESS	
NAME (T	Dr. Laurice	McAfee M.D.	4940 Eastern Avenue Baltim	ore. Maryland 2122/
24A. BURIAL CRE		24C, NAME of CEMETERY of CR		ity, town, or county) IStote)
REMOVAL I	Specify)			
Burial		3-1966 Gardens o:		
MEB 4	1966 Cala	258 NAME OF REGISTRAR	JOHN J. DUDA, Dundalk	ADDRESS 21222
V\$ 150-REV. 1/1/	65	5.0		



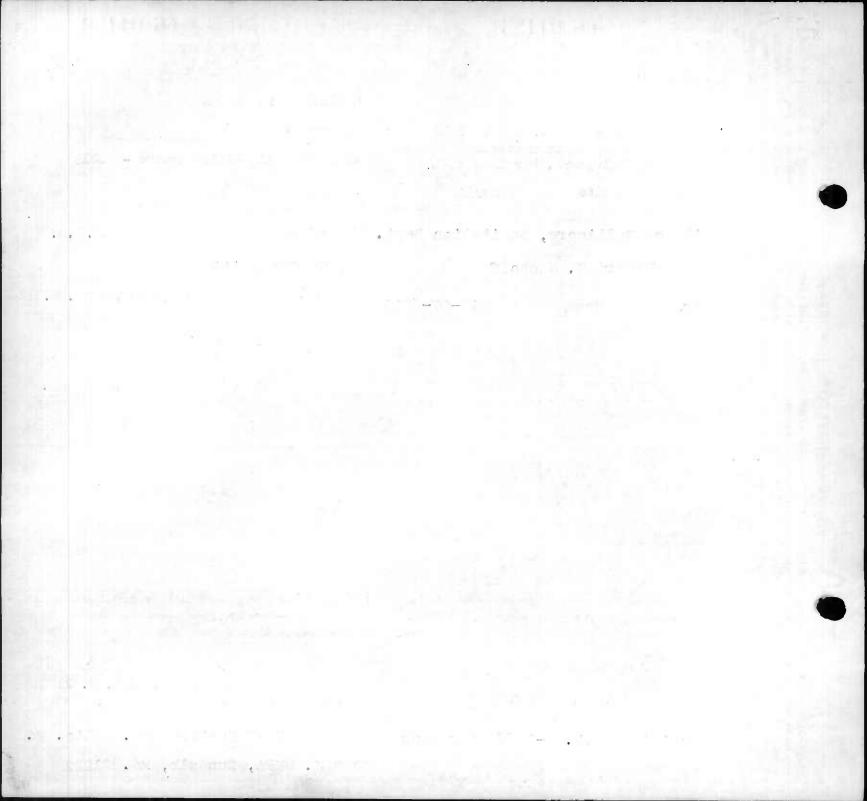
	66 niii		BALTIMORE CITY HEAL			66	01151
BIRTH NO.	MED	ICAL EX	AMINER'S CI	ERTIFICA	TE OF DEATH Rag	istered Na	
M.E. CASE NO.							
1. NAME OF DECE	ASED				2. DATE AND HOUR PRONO		
(Type or Print) n	IRA	TYN	NDALL		January 30, 1		3:00 P.
3. PLACE IN BALTIA	MORE MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	DENCE (Where deceased lived, I's, B.)	f institution: resi COUNTY Baltime	dence before admissian)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET		WN (If autside corparate limits,	write RURAL o	nd give township)
1	BALTIMORE	CITY HO	SPITALS	D. STREET ADD	RESS (If rural, give location)		63.00
					224 Oakwood Road		
5. SEX 6	White		NEVER MARRIED DIVORCED (specify)	July 2	9. AGE (In y lost birthdoy) 50	Months	T Yr. If Under 24 Hrs. Days Hours Min.
			BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign country)	12. CITIZ	EN OF
done during mast of wa	orking life, even if retired)	lehem	Steel Co.	Nort.h	Carolina		J.S.A.
3. FATHER'S NAME		tremem	PreeT OF	14. MOTHER'S N			J.DR.
	WATTAG	m Tynd	0.77	Mot	Vnoun		
S WAS DECEASED	EVER IN U.S. ARMED		16, SO CIAL	17. INFORMANT	Known	ADDRES	\$
	If yes, give war ar date	s of service)	SECURITY NO.				
No.		2	38-05-1479	Wife,	Mrs. Virginia	Tynda.	11, # 4,a,
18. 11 9	9.1.		CAUSE	OF DEATH		-	INTERVAL BETWEEN
DISEASE	E OR CONDITION DI	DECTI V					ONSET AND DEATH
DISEASE	LEADING TO DEATH	l l	(A) Arter	iosclerot	ic cardiovascula	r	
(This daes no	at mean the made of asthenia, etc. It means	dying, e.g.,	DUE TO		disease		
injury or com	plication which coused	death.)					
ΔΝ	NTECENDENT CAUSE	ς.					
	R CONDITIONS, IF A		(B)				
RISE TO THE	ABOVE CAUSE (A) S						
	o continuit tasi.		(C)				
<u>ō</u>	li .						
O THE D	IFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING	LATED TO T					
19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPS	17 (Yes or No.) 208, IF YES, WE	RE FINDINGS	ON SIDERED
Ö	WAS PER			No	IN CERTIFYING		
ZIA. EXTERNAL	CAUSE WAS	21 R	PLACE OF INJURY (e.g.		WHERE DID (If in Boltimare Ci	tv. nive exact I	ncation)
UTING CAUS	OR CONTRIB-	home etc.)	, farm, factory, street, c	office bldg., INJUR	Y OCCUR?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
21D TIME OF INJURY	(Manth) (Doy) (Yeo	r) (Hour) 2	1E. INJURY OCCURRED	21 F. H	OW DID INJURY OCCUR?	BIT TOO	
(APPROX.)		_ v	VHILE AT NOT	WHILE			
22.		- m.jv	VORK LI AI W	OKK			-
	fy that I hald an I	nquiry	Inspection X Aut	topsy an	d that on this basis, death	in my opinio	n
resulte	ad fram: Natural ca	uses X A	coldent Suicld	e Homic	Ide Undatermined m	nannar 🗌	
				CHIEF	EDICAL EXAMINER		
ACTUAL		87	le -		EDICAL EXAMINER		DATE SIGNED
SIGNATU		10 100	M. D.	•			1-31-66
EXAMINE		o11 C	Fisher M/D	ASSOCIATE A	MEDICAL EXAMINER		1 31 00
NAME (T	AATION. 238, DATE		Fisher, M/D.	CREAMATORY	23D. LOCATION	(City, town, ar	county) (State)
REMOVAL (Specify)				A CREWIATORI	230. COCATION	City, Idwii, ar	comy (side)
Burial	Feb.	2-1966			7225 Eastern	Ave. I	Balto Md.
24A. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR		AL DIRECTOR	-	ADDRESS
NEB 4	1966 Q. C.	\$ 8. E.	Salvey Mell	JOHN J	. DUDA, Dunda	lk, Md	21222
VS 151-REV. 1/1/6		1 0	4 4 11 0	0 1	17. 0		

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	FUNERAL DIRECTOR: IMPORTANT	mine	fract	gula	em b
	REC	exar	(3) A n wh	in re	Sare
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	ERA	ef m	dy bu	cian	he re
	FUN	by o	2) Bo	physi	ore t
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		appr to th	f any); ar	go ec
		st be	ent o	death	nust
		rele	accid	or to	D >
		ficat	A. at	d price	appro
		This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	Written approval must be obtained betore the remains are embalmed or final disposition is made.
		This	s ho	dec	2

BALTIMORE CIT	Y HEALTH DEPARTMENT
M.E. CASE NO.	ATE OF DEATH Registered No. 68 111.52
1. NAME OF DEFEASED (Type or Print) Ang Defer mann 3. PLACE OF DEATH IN BALTIMORE, MARTLAND	2. DATE AND HOUR OF DEATH Feb. 1966 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FULL NAME OF (If not in haspital or institution, give street oddress or location) INSTITUTION Lutheran Hospital	A. STATE B. COUNTY Mary and Baltimore C. CITY OF TOWN (If outside city limits, write RURAL and give township) Datemore D. STREET ADDRESS (If rurol, give locotion) 2974 Solets Point Ri
5. SEX F 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify).	B. DATE OF BIRTH 6-6-26 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRE done during most of working life, even if relired) Waitress Restaurants, Catere 13. FATHER'S NAME Charles R. Mueller 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Pers etc. Pennsylvania U.S.A.
Charles R. Mueller	Edith Seivard
(Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO.	17. INFORMANT ADDRESS 33 Mother, Edith Mueller Hrdlicka
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	Fuse Careinomatosis reinomy of Breast
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEDITIONS TO THE DEATH BUT NOT RELATED TO THE DEDITIONS OF THE DED	ation Post Operative
OR CONTRIBUTING CAUSE OF hame, form, foctory, street,	20A. AUTOFSY? (Yes or No) LOB. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? In or about 21C. WHERE DID office bidg., INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.) (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED While At Not What At Work	21F. HOW DID INJURY OCCUR?
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an and haprend from the causes stated obave. (I) (Max) (did) (did) (did) (did)	thending Med. Stoff Phys. Stoff 23B. DATE SIGNED 23B. DATE SIGNED 23D. ADDRESS Address Addr
Burial Cremation, 248. Date 24C. Name of CEMETERY of C Burial Fob. 4-1966 Baltimore 25A. Date REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Cemetery Baltimore, Md.
FEB 4 1966 Q 2 3 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3	JOHN J. DUDA, Dundalk, Md. 21222

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VS 151-REV. 1/1/65

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	E CASE NO.										
1. I (Ty)	Pe or Print)		BERT	E.	HAYES	Sr.		Janu	ary 30, 19	66	5:45 P.
3. F	LACE IN BALT	TIMORE, M	ARYLAND, W	HERE PRONC	DUNCED DE	AD	4. USUAL RI	ESIDENCE (Where	deceased lived. If in:	stitution: resid	dence before odmission)
HO	L NAME OF	(IF NO	T IN HOSPIT.	AL OR INSTI	TUTION, GIV	E STREET	C. CITY OR	TOWN (If outside	Balt;	1more	(5,470)
-	,	m.1==			0007#47			Bancadone	2 0 0 110 11	ard	21219
5		BAL'	TIMORE	CLTA HO	OSPLTAL	'S	D. STREET A	307 Shore			
5. \$	EX	6. RACE			D, NEVER M		B. DATE OF		9. AGE (In years	If Under	1 Yı, If Under 24 Hrs.
	Male	Wh:	ite		, divorced ried	(specify)	Tion	04-7000	lost birthday)	Manths	Doys Haurs Min.
104	USUAL OCC	UPATION (G	ive kind of wor			OR INDUSTRY		24-1900 CE (State or foreign	country)	12. CITIZE	N OF
	e during most of	working life,	even if retired)	-						WHA	T COUNTRY?
10	Gau		Crown	I, cor	K & S	eal Co.		Virginia MAIDEN NAME		U	.S.A.
13,	FATHER'S NAN						14. MOTHER S	MAIDEN NAME			
		Vm . H						mie C.	Page		
	WAS DECEASE				16. SO CIA	ITY NO.	17. INFORMA	NT		ADDRESS	
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-	18.	THE THEY			700 4		W1fe,	Mrs. De	lla Haves	* #4	INTERVAL BETWEEN
	1	211	i			CAUSE	OF DEATH				ONSET AND DEATH
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	heart foilure	, asthenia,	etc. It means	s the disease		00 10		α	isease		
			DENT CAUSE			(8)					
	RISE TO TH	OR COND	DITIONS, IF A	INY, GIVING		DUE TO					
			ITION LAST.							1370	
O						(C)	050000000000000000000000000000000000000		***************************		*********************
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S	TO THE	DEATH 8	CONDITIONS	LATED TO							
E			ON CAUSING								
CER	19A. DATE OF	PERATIO	WAS PER	IDITION FOR	WHICH O	PERATION			20B. IF YES, WERE F		
_	21 A. EXTERNA	1 CAUCE I	MA S	less				Yes	Yes		
ш	UNDERLYING UTING CAU	OR CONT	RIB-	hon	ne, farm, fa	ctary, street, o	office bldg., INJ	C. WHERE DID (URY OCCUR?	If in Boltimore City,	give exact la	cation)
Σ	21D TIME	(Month)	(Day) (Yeo	r) (Hour)	21E. INJUR	YOCCURRED	21 F	ULNI DID WOH.	RY OCCUR?		
	(APPROX.)			m.	WHILE AT	NOT AT W	WHILE ORK				
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			Natural ca								
	resu	nea fram:	Haibrai ca	uses X	Accident				Indetermined man	ier 🗀	
	ACTUA		00	/	0			MEDICAL EX			DATE SIGNED
	SIGNAT		005	J'M	un	M.D	ASSISTANT	MEDICAL EX	AMINER		1 21 66
	EXAMIN NAME (Russe	11 S. I				E MEDICAL EX	AMINER _		1-31-66
234	BURIAL CRE	MATION,	23B. DATE		23C. NAME	of CEMETERY o	CREMATORY	23D. LC	CATION (Cit	y, tawn, or c	county) (Stote)
KEF	Buria	ľ	Feb-3-	-1966	(2 0)	rdens o	f Foi+	h mm	779 14477	Dd D	n.7 d a 22.2
244	DATE REC'D	h trot			E OF REGIST			NERAL DIRECTOR	ips Mill	Rd. Ba	alto. Md.
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	r E D	44	IDO CV I	1-1 17 20	9.17 Fa 15h	/AFTUR	MHOR	el a [J[]]/	. Dundail	IC. MICH	. 27220

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	00 0115	BALTIMORE C	ITY HEALTH DEPARTMENT	4	
BIRTH NO,	66 0115	CERTIFIC	ATE OF DEATH	Registered No.	CC 91155
M.E. CASE NO.	CEASED	0=1(11110		AND HOUR OF DEATH	
(Type or Print)	Frank Spearg	28	2	/3/66	12.75
3. PLACE OF DE	ATH IN BALTIMORE MARYLAND	a o	4. USUAL RESIDENCE (WA. STATE B. COI	here deceased lived, if in	stitution: residence before admission)
FULL NAME (OF (If not in hospital or institu	ition, give street	C. CITY OR TOWN (IF		
INSTITUTION				-	ndalk
10			Baltimore D. STREET ADDRESS	(If rural, give lacation)	
South B	altimore General	Hospital	8. DATE OF BIRTH	Avenue Balt	o. 22, Md.
Male	White Win	OWED, DIVORCED (specify)	July-15- 1877	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	UPATION (Give kind of work 10B, KIN working life, even if retired)	ID OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or fe	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Reti	107°C	cksmith	Lithuania		U.S.A.
3. FATHER'S NA			14, MOTHER'S MAIDEN N	IAME	I.
	Not Known		Knot	Known	
5. Was Decease Yes, no ar unknow	d Ever in U. S. Armed Forces? n)(If yes, give wor or dotes of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	No	No	Daughter, Mi	rs. Mary Jol	nnson, #4, æ, b,
18. 5 5	0.11		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIRECTLY LEADING TO DEATH	K	realista mary man		
(This daes	nal meon the made of dying,	e.g., DUE TO	runcho priumo	7/ a	
	, asthenia, etc. It means the dis molicolian which caused death.)	eose,	eptic Sth S		
	ANTECEDENT CAUSES	(B) S	eptic Sans	hock	***************************************
DISEASES	OR CONDITIONS, if ony,	DUE TO			
rise to th	ne above cause (A) stoling	the (C)	aralytic Ile	us	
UNDERLYIN	G CONDITION last.				
Z OTHER SIGN	III	LUTING			
E TO THE	DEATH BUT NOT RELATED TO	O THE			
		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE F	INDINGS CONSIDERED
FT O	WAS PERFORMED		NO	IN CERTIFYING CAL	ISES OF DEATH?
_ OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF	21B. PLACE OF INJURY (e. home, form, factory, street etc.)	g., in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
O	(Month) (Dov) (Year) (Hour)	21E, INJURY OCCURRED	21F, HOW DID I	NJURY OCCUR?	
OF INJURY		While At Not V	Vhife		
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	y that (X) (this hospital) atten		2/2/66	191o2/	3/6619
					nion death occurred on the dat
	nd from the couses stated abo	ve. (1) (We) (did) (did no	t) view the body ofter deat	h.	
23A. SIGNAT	URE IN MIL		Attending Adad	Stoff -	23B. DATE SIGNED
N	ugh	grace. M.D.	Attending Med. Phys. Director	Stoff Phys.	2/3/66
23C.PHYSICI NAME	ANS Type)		23D. ADDRESS		
	HUGH J. HARGRA	AVE, M.D.	.D. South Balto.	Gen. Hosp	1213 Light St.
24A. BURIAL CR REMOVAL	EMATION, 248. DATE 2	4C. NAME of CEMETERY of			y, town, or county) (State)
Burial	Feb. 7-19	66 Parkwood	T	aylor Ave:	Balto. Md.
25A. DATE REC'I		ME OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
FEB 4	1966 @ 0 1 8	starbathan n	JOHN J. DU	DA, Dundalk	, Md. 21222

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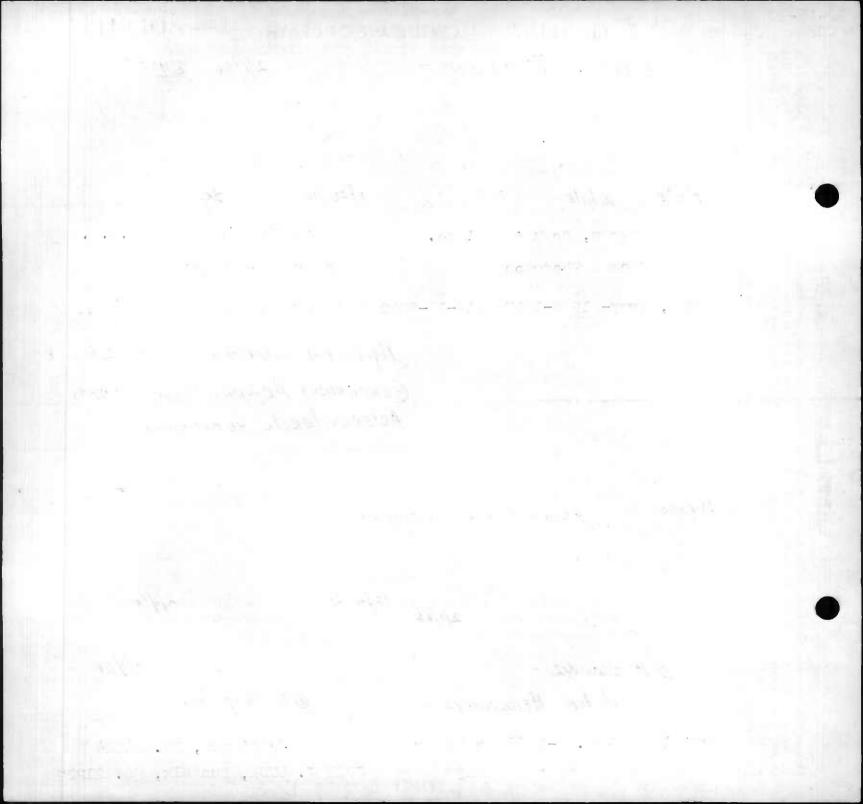
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	E CASE NO.	MEDI	CALLA	AMII ALKO CL	.KTIIICA	VIL OI	DEATH ROS		
	NAME OF DE	CEASED				2. DATE AN	D HOUR PRONOUN		
117	pe or rintu	LEROY	SCHWE	IGER			nuary 30, 1		P. M.
		TIMORE, MARYLAND, W			4. USUAL RES	Maryland	deceased lived. If ins	stitution: residence before	odmi s sion)
HO	LL NAME OF SPITAL OR TITUTION	ADDRESS OR LOCA	TION)	ITION, GIVE STREET		own (If outside Baltimor		ite RURAL and give towns	ship)
>)		BALTIMORE	CITY HO	OSPITALS		DATELINOT		000	
1						Bank St			
5. 5	EX	6. RACE	7. MARRIED,		8. DATE OF BI		9. AGE (In years	If Under 1 Yr. II Und	er 24 Hrs.
	Male	White		Married	Oratic 2	21-1908	lost birthdoys	Months, Doys Hour	s Min.
10A	USUAL OCC	UPATION (Give kind of work		BUSINESS OR INDUSTRY			gn country)	12. CITIZEN OF	-1
don	during most of	working life, even if retired)	deh 1	Driver	Mai	ryland		U.S.A.	1
13.	FATHER'S NAM		Uab .	DITACT		MAIDEN NAM	E	0.00.00	
		Albert S	chweige	er	Anna	Kellne	r		
		D EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORM AN			ADDRESS	
(Ye	No or unknown	(If yes, give wor or dote	s of service)	17-09-0605	State	n Mns.	Tillian (Owens, 1702	30
-	18. //		4					d. 21800VAL	
	4-00	21/1		CAUSE	OF DEATH !	, TTOOLL	7 0 0 180 0 PT	ONSET AND	DEATH
	DISEA	SE OR CONDITION DIE	RECTLY	Arteri	osclero	tic card	iovascular	Market Committee	
	(This does	not mean the mode of , osthenio, etc. It means mplication which caused	dying, e.g., the discose,	DUE TO			disease		
		OR CONDITIONS, IF A		(B)					
	RISE TO TH	IE ABOVE CAUSE (A) ST		DUE TO				C+C) (12/3)	
z	UNDERLI	NG CONDITION LAST.		(C)			•••••		
은		II							
ERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING	ATED TO T		****************			00 = 000 00 = 000 000 000 000 000 000 0	202000000000000000000000000000000000000
ERT		OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOR	SY? (Yes or No)		FINDINGS CONSIDERED	
O	2)	WAS PERI	FORMED			Yes	IN CERTIFYING CAL	JSES OF DEATH?	
EDICAL	UNDERLYING	L CAUSE WAS OR CONTRIB- ISE OF DEATH.	21 B. home, etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, o	n or obout 21 C.	WHERE DID	(If in Boltimore City,	give exoct location)	
Z	21 D TIME	(Month) (Doy) (Yeor) (Hour) 2	1E. INJURY OCCURRED	21 F.	HOW DID INJ	URY OCCUR?		
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	SIGNAT	URE UVV	me	M. D.		MEDICAL E		1-31-6	56
-	NAME (S Fiel	ner, M.D.	ASSOCIATE	MEDICAL E	XAMINER	1-31-0	,0
	. BURIAL CRE	MATION, 238 DATE		C. NAME OF CEMETERY OF	CREMATORY	23D. t	OCATION (Cit	ly, town, or county)	(Stote)
RE/	Burial	Feb. 4	-1966	Oak Lawn				Ave. Balto	. Md
24/	A. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR		ERAL DIRECTOR		ADDRESS	
	EED A	1966 100	40 3	2. Charach	JOHN J	. DUDA,	Dundalk,	Mg: 51555	
VS	151-REV. 1/1/		1 0	6 0 6	0 1				

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VS 150-REV. 1/1/65

J. DUDA. Dundalk, Md. 21222

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IMPORTANT DIRECTOR: FUNERAL

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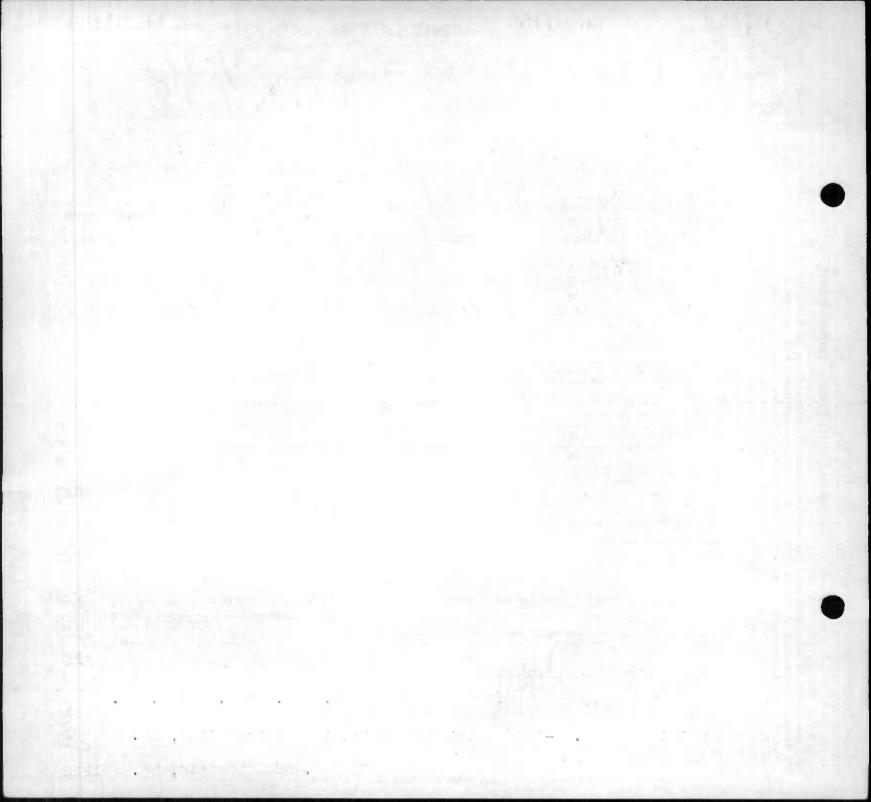
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where

(except

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. Such M.E. CASE NO 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 05 DM. death. BALTIMORE MARYLANT RESIDENCE (Where deceased lived. 3. PLACE OF institution; residence before admission) B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or lacation) write RURAL and give 10 prior D. STREET ADDRESS give location) or final disposition is made. 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. Hours deceased WIDOWED, DIVORCED (Specify) ast bigthday) Q NAIR KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY? 10A, USUAL OCCUPATION (Give kind of work 10B. done during most of working life, (Van if retired) 013Q 13. FATHER'S NAME MOTHER'S MAIDEN NAME the 14. 150 OX UO 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no grunknown) (If yes, give wor or dates of service) ADDRESS 6. SOCIAL 17. INFORMANT SECURITY NO. attendance 9-16-7570 18. OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, osthenia, etc. It meons the diseose, regular injury or complication which caused death.) DUE TO ANTECEDENT CAUSES GLO DISEASES OR CONDITIONS, il ony, giving rise to the above cause (A) stating the obtained before the remains UNDERLYING CONDITION lost. Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFIC 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Year No) 19A. DATE OF OPERATION WAS PERFORMED 218 PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID 21 A. ACCIDENT WAS UNDERLYING (If in Baltimore City, give exact lacation) hame, farm, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF MEDICAL °Z DEATH (notify medical examined 21 D. TIME OF INJURY 9 (Manth) (Day) (Year) (Haur) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Wark At Wark and 22. I certify that (I) (this haspital) attended the deceased from death); 99 that (I) (we) lost sow the deceased alive on. ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Staff M.D. Phys. 10 Phys. Director approval 23D. ADDRESS 23C, PHYSICIAN eceased prior NAMETTYP Md. Gen. Hosp. Balto. Md. 24A, BURIAL CREMATION 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) written Burial Reb. 2-1966 Baltimore National Catonsville, Md. 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS JOHN J. DUDA Dundalk. Md. 21222 VS 150-REV. 1/1/65



if the direct or contributing cause of death my kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and attendance on the to death. the deceased prior deceased prior to death); and (6) No physician was in regular attendance on the deceased pri written approval must be obtained before the remains are embalmed or final disposition is made. in regular Was death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any was D.O.A. at a hospital (except where the physician who pronounced Also. examiner. the body was released to the hospital by a medical

VS 150-REV. 1/1/65

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NAME OF D	ECEASED.		CERTIFICA		D HOUR OF DEATH	
/pc 01 - 11111/	Reba M.	Schwart	Z		1, 1966	9:30 a.
ount Co	Home (If not in hospital address or location	or institution,	give street	Md. Balt	te	nstitution: residence before odmissi
INSTITUTION					UERLI utol, give location)	RURAL and give township)
sex female	6. RACE	WIDOWED	NEVER MARRIED D, DIVORCED (specify)		ost bidhday)	If Under 1 Yr. If Under 24 h Months Doys Hours Min
A. USUAL OC	CUPATION (Give kind of work of working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
Edwin				14. MOTHER'S MAIDEN NAM Levina Bason	ΛE	
	ed Ever in U. S. Armed For wn) (II yes, give wor or dote		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no				Mr. James E. To	tman- 15 M	eadow Rd., #12
DISFASES	ANTECEDENT CAUSES OR CONDITIONS, if		DUE TO			
UN DERLYI	OR CONDITIONS, if the obove couse (A) NG CONDITION lost. II SHIFTCANT CONDITIONS C DEATH BUT NOT RELA	ony, giving sloting the CONTRIBUTING	(C)			
OTHER SIG	OR CONDITIONS, if the obove couse (A) NG CONDITION lost.	ONTRIBUTING	(C)	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OTHER SIGN TO THE DISEASE CO. 19A. DATE	OR CONDITIONS, if the obove couse (A) NG CONDITION lost. II CONDITION TO THE A DEATH BUT NOT RELA OR CONDITION CAUSING I	SONTRIBUTING TED TO THE TOTAL	G E E VHICH OPERATION PLACE OF INJURY (e.g., in e., lorn, loctory, street, of	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? e City, give exact location)
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OTHER SIGN TO THE DISEASE CO 19A. DATE DISEASE CO 19A. DATE DEATH (no. 21 D. TIME OF INJURY (APPROX.) 22. I certi	OR CONDITIONS, if the obove couse (A) NG CONDITION lost. II SUBSTITUTE ON THE CONDITION CONDITION CAUSING I OF OPERATION 198. CON WAS PERIODENT WAS UNDERLYING DENT WAS UNDERLYING BUTING CAUSE OF	ONTRIBUTION FOR VITED TO THE CONTRIBUTION FOR VITED TO THE CONTRIB	PLACE OF INJURY (e.g., ir e, lorm, loctory, street, of INJURY OCCURRED like At At Work he deceased fram	20A. AUTOPSY? (Yes or No) NO nor obout 21C, WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJU	(If in Boltimo:	e City, give exact locotion)
OTHER SIGN TO THE DISEASE OF CONTROL OF CONTROL OF INJURY (APPROX.) 22. I certite that (1) (w	OR CONDITIONS, if the obove couse (A) NG CONDITION lost. PRIFICANT CONDITIONS CONDITIONS CONDITION CAUSING I OF OPERATION 198. CON WAS PER! DENT WAS UNDERLYING BUTING CAUSE OF tity medical examines (Month) (Doy) (Year) fy that (1) (this hospital e) lost sow the decease and from the causes state	ONTRIBUTING ATED TO TH IT. DITION FOR V FORMED 21B. hom etc. (Hour) 21E. Who wo	PLACE OF INJURY (e.g., in e., lorm, loctory, street, of INJURY OCCURRED INJURY OCCURRED At Work the deceased fram	20A. AUTOPSY? (Yes or No) NO nor obout 21C, WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJU	(If in Boltimo:	USES OF DEATH?
OTHER SIGNOTO THE SIGNOTO THE SIGNOTO THE SIGNOTO TO THE DISEASE OF 19A. DATE 21A. ACCID OR CONTR OR CONTR OF INJURY (APPROX.) 22. I certification of the signoto the signot	OR CONDITIONS, if the obove couse (A) NG CONDITION lost. II ENIFICANT CONDITIONS CONDEATH BUT NOT RELA OR CONDITION (ASSING I OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING IBUTING CAUSE OF filly medical examines) (Month) (Day) (Year) Fy that (I) (fills happital () lost sow the decease and from the causes stat TURE	ONTRIBUTING ATED TO TH IT. DITION FOR V FORMED 21B. hom etc. (Hour) 21E. Who wo	PLACE OF INJURY (e.g., ire, lorm, loctory, street, of INJURY OCCURRED At Work	20A. AUTOPSY? (Yes or No) NO nor obout 21C, WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJU 21	(If in Boltimo:	e City, give exact location) Eb 1966 Inion death occurred on the o
OTHER SIGNOTOR CONTROL 21 A. ACCIE OF CONTROL 21 A. ACCIE OF CONTROL 21 A. ACCIE OF INJURY (APPROX.) 22. I certi that (1) (w ond hour of 23A. SIGNA 23C. PHYSIC NAME	OR CONDITIONS, if the obove couse (A) NG CONDITION lost. II SINIFICANT CONDITIONS CONDEATH BUT NOT RELA OR CONDITION CAUSING OF OPERATION 198 CON WAS PERI DENT WAS UNDERLYING IBUTING CAUSE OF filly medical examine? (Month) (Doy) (Year) fy that (I) (this hospital e) lost sow the decease and from the causes stat TURE	CONTRIBUTING ATED TO THIS IDITION FOR A FORMED 218 hom etc. (Hour) 21E Who wo etc. (Hour) 21E Who wo etc. (Hour) 21E Who wo	PLACE OF INJURY (e.g., ire, lorm, loctory, street, of INJURY OCCURRED At Work	20A. AUTOPSY? (Yes or No) Nor about 21C, WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJU 21F. How DID INJU 3	ORY OCCUR? Of in (my) (cor) opl	USES OF DEATH? e City, give exact location) 19 inion death occurred on the city of the

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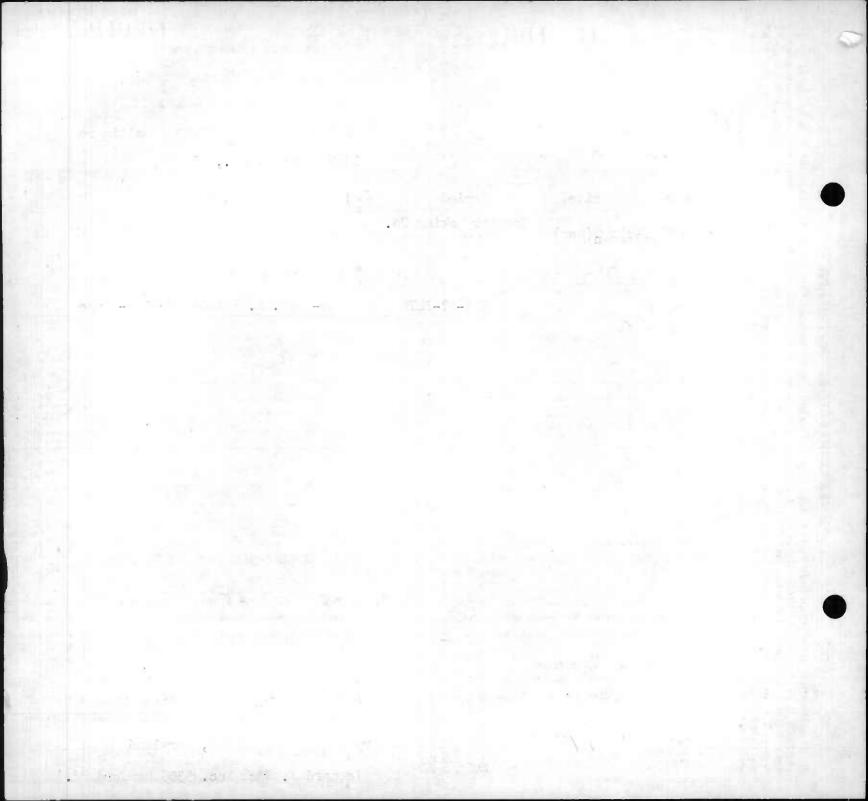
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BAL	TIMORE	CITY	HEALTH	DEPARTMEN'

BIRTH NO.		TE OF DEATH	Registered Na	66 01161
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) (Type or Print)	EDHIM CONRE		AND HOUR OF DEATH	15 AU
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (W	YTNU	stitution: residence before odmission	
FULL NAME OF (If not in hospital or institute oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
UNION MEMORIAL HOSPI 03 Tel and Calvert Str. B	D. STREET ADDRESS (If rurol, give locotion) Baltimore			
SEX 6- RACE 7. MAR	RIED, NEVER MARRIED	1632 Kingswa	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months; Doys Hours; Min.
Male hite	Married	7: 1, 1900	6.5	12. CITIZEN OF
one during most of working life, even if retired) KO	ester Baking Co.	Ballimore	Hd	WHAT COUNTRY?
CONRAD MUELLER		Mary Toe		
5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give wor or dates of serv	security no.	4.1	A. Frieda Mu	ADDRESS
18. /8 /, 0	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Civ	runama of	the bladd	er 2 yers
(This does not mean the mode of dying, heart failure, asthenio, etc. it means the distinjury ar camplication which caused death.)	e.g., DUE TO	rienoma of Jonehopne	ummie	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi		7	V	2ne
rise la the abave cause (A) stating UNDERLYING CONDITION last.	the (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		hone		
194. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION		No. 20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
2] D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not While At Work	21 F. HOW DID I	NJURY OCCUR?	
22. I certify that (I) (this hospital) attend	ded the deceased from	, , ,	19 & J. to	2,3 1966
that (I) (we) last saw the deceased alive and hour and from the causes stated above				nian deoth accurred on the da
23A. SIGNATURE	M.D. Atte	ending Med. Director	Stoff Phys.	23B. DATE SIGNED 2.3 1966
Damila Donnee				
23C.PHYSICIAN'S NAME (Type)	HIEC M.D.	23D. ADDRESS YHIOH MEHC	RIAL HOSPIT	AL, Ballimere 18
23C. PHYSICIAN'S NAME (Type) DANUT A DE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	HIEC M.D.	YHIOH MEHO	LOCATION	7 AL, Bullsmore 13 ty, town, or county) (Stote)
23C. PHYSICIAN'S NAME (Type) DANUT A DE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	PHIEC M.D.	YHIOH MEHO	LOCATION	ty, town, or county) (State)



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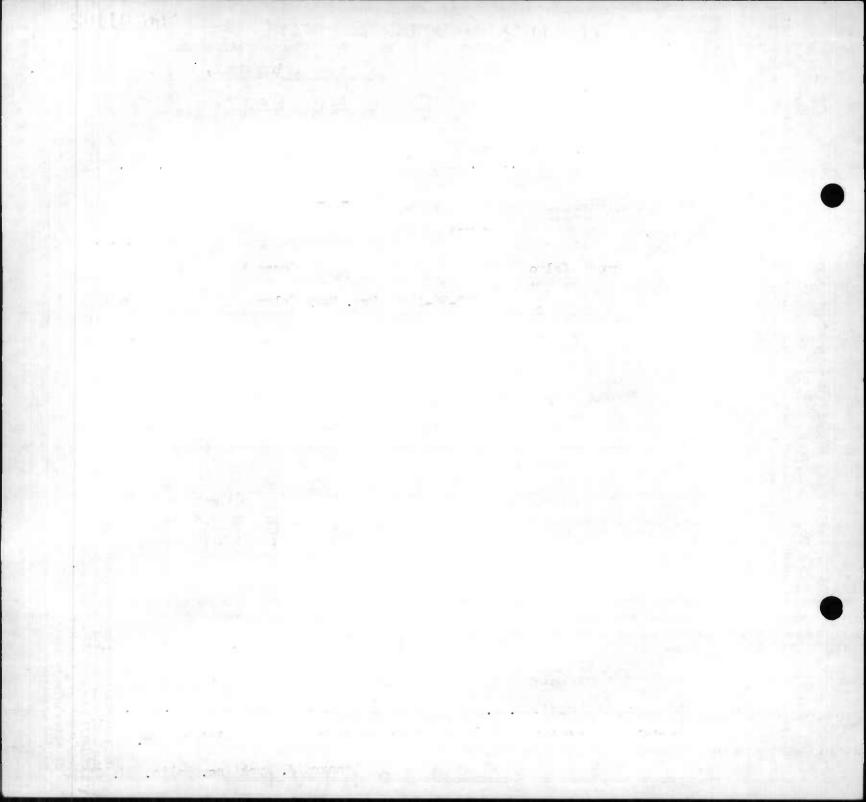
attendance on death.

prior to

a hospital and

		BALTIMORE CIT	Y HEALTH DEPARTMENT		00-04400		
BIRTH NO.	ce of	1 CERTIFICA	ATE OF DEATH	Registered No.	66 01162		
M.E. CASE N		LIOC CERTIFIC					
(Type or Print)			2. DATE A	ND HOUR OF DEATH			
tiype of runii	Samuel Ca	al ma	Fann	uary 2. 1966	6.75 A M		
3. PLACE OF	DEATH IN BALTIMORE MA				nstitution; residence before edmission)		
or various of search in seasons in the search of the searc			A. STATE B. COUNTY				
FULL NAM	AF OF (If not in hospital	or institution, give stroot	Mamriand 010	18	7/6		
HOSPITAL	OR oddress or locotio		Maryland 21218 C. CITY OR TOWN (If outside city limits, write RURAT and give township)				
INSTITUTIO	N						
			Baltimore	Baltimore			
South	Baltimore Gener	cal Hospital	D. STREET ADDRESS	rutol, give locotion)			
		alto, Md. 21230	2922 Harford	Road Balto	Md. 21218		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.		
		WIDOWED, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.		
Male	White	Married	6-27-06	60			
10A, USUAL C	CCUPATION (Give kind of wor	Married 108. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or form	eign country)	12. CITIZEN OF		
done during mo	st of working life, even if retired)	Produce	2 400		WHAT COUNTRY?		
Retir	bed	Ttaly		TI C A			
13. FATHER'S			14. MOTHER'S MAIDEN NA	ME	U.O.A.		
Samue	7 Frank Cal	vo	Rose Conce	etta ?			
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL		17. INFORMANT		ADDRESS			
(Tes, no or unk	nown) (If yos, give wor or dot	security Nd. 213-36-1689	Mrs. Mary Calvo		(Same)		
18. / 4	2 2 1	CAUSE	OF DEATH		INTERVAL BETWEEN		
1 / 9	3:0				ONSET AND DEATH		
Di	SEASE OR CONDITION DI		0	0			
		(A)	allingrang	The Don			
	es not meon the mode of ure, osthenio, etc. It means	dying, e.g., DUE TO		are our.			
	complication which coused		1 2 1.0	· · · ·			
,,		120	Main blon	Mation			
	ANTECEDENT CAUSES	DUE TO	- A June San June Services	the late of the first of the second			
DISEASE	S OR CONDITIONS, if	ony, giving	Terios Clerosis Co	*			
	the obove cause (A)	sloting the (C) Ar	Cerina Chernson Co	Adam waster	ar		
UNDERL	YING CONDITION losi.	1					
	11	/W	VEIT DEI				
Z OTHER	II	CONTRIBUTING					
	IGNIFICANT CONDITIONS (
A DISEASE	OR CONDITION CAUSING						
		IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE	FINDINGS CONSIDERED		
110	WAS PER	FORMED	37 -	IN CERTIFYING CA	USES OF DEATH?		

CER 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact locotion) MEDICAL DEATH (notify medical examiner) 21D. TIME OF INJURY (Doy) (Month) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased that (I) (we) lost saw the deceased alive on 530 fell and 1966 and the and hour and fram the causes stated above. (I) (We) (did) (did not) view the body ofter death. and that in(my) (our) opinion death occurred on the date 23A. SIGNATURE 238, DATE SIGNED Attending Phys. Med. Director Stoff Phy s. 23 C. PHYSICIAN'S NAME (Typo) 23D. ADDRESS South Baltimore General Hospital M.D. Abdolhossein
24A. BURIAL CREMATION, 22
REMOVAL (Specify)
Burial Md 24C. NAME OF CEMETERY OF CREMATORY Holy Redeemer Cemetery 2/7/66 Baltimore Md. 258. NAME OF REGISTRAR ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR eonard J. Ruck Inc. Balto. Md. 21214



25A. DATE REC'D BY HEALTH DEPT.

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1966

25B. NAME OF

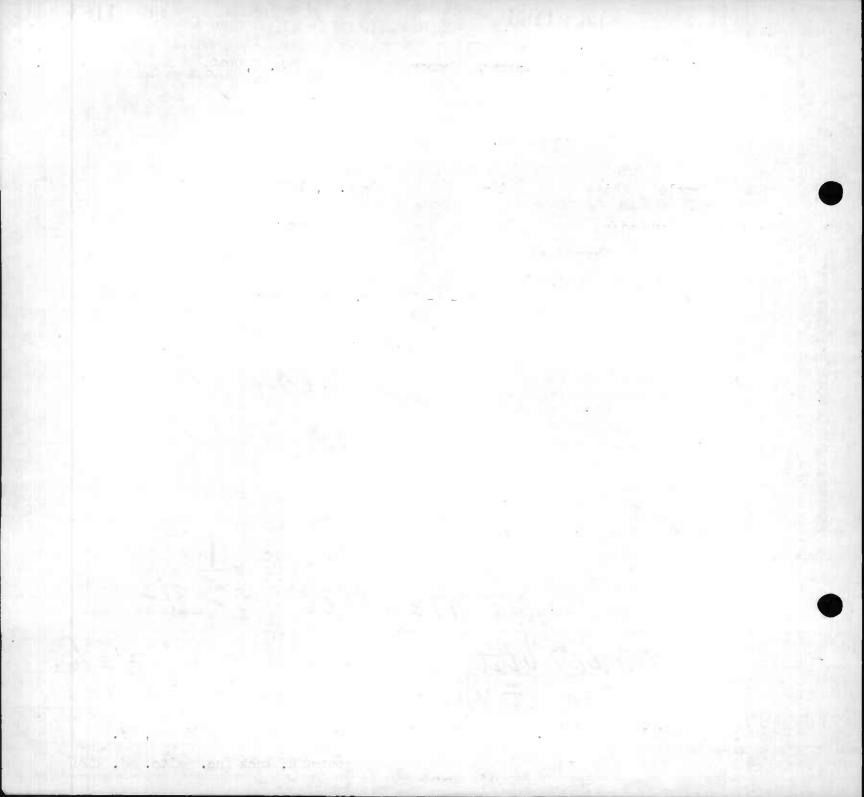
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	00.01	100 BALTIMORE CI	TY HEALTH DEPARTMEN	NT .	66 01163
BIRTH NO.	66 01	CERTIFIC	ATE OF DEAT	H Registered No.	00 01100
M.E. CASE NO.	CEASED		2. DA	TE AND HOUR OF DEATH	1,
(Type or Print)	Edna Earl	Samueles Connor	Fol	0. 2, 1966	2 P.
PLACE OF DE	ATH IN BALTIMORE, MA		4. USUAL RESIDENCE A. STATE B.	(Where deceased lived, If i	institution: residence before admission
FULL NAME (HOSPITAL OR INSTITUTION	OF (If not in hospital address or location	or institution, give street n)	Maryland c. cin or fown		RURAL ond give township)
D	7211 Gleno	ak Ave.	Baltimore D. STREET ADDRESS	(If rurol, give location)	
			7211 Gler	Oak Avenue	
Female	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	Sept. 8, 187	9. AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
ione during most of	UPATION (Give kind of work working life, even if retired) sewife	Own Home	RY 11. BIRTHPLACE (Stote of Mary)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	ME Henry Le	af	14. MOTHER'S MAIDEN		Myers
5. Wos Decense	d Ever in U. S. Armed For	rces? 16. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknow	n) (If yes, give wor or dote	security Nd. 217-48-4705	Mr. Hester A	hbrose	(Same)
DISEASES	mplicolion which coused ANTECEDENT CAUSES OR CONDITIONS, if ne obove couse (A) G CONDITION lost.	(B) DUE TO	ZIMW)	4	
E TO THE	III	ATED TO THE			
	F OPERATION 198. CON	IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	21B. PLACE OF INJURY (e.g home, form, foctory, street, etc.)	office bldg., INJURY OCC	OID (If in Boltimo	re City, give exoct tocotion)
21 D. TIME	(Month) (Doy) (Year)			D INJURY OCCUR?	1
(APPROX.)		White At Not W			1
22. I certify	that (1) (this hospita	1) attended the deceased from	1921	19 to 2	12/19/4
that (I) (we) lost sow the decease	ed alive on 1/2	7 1966 .	nd that in (my) (our) o	/ pinion deoth occurred on the d
and hoor ar	d from the couses sta	ted phove. (1) (We) (did) (did not) view the bady ofter de	oth.	
23A. SIGNAT	Full 5	White M.D.	Attending Med.	Stoff Phys.	23 B. DATE STONED 6
23C. PHYSICI	ANS Type) JAM &	SE Whitem	23D. ADDRESS	14 Hens	nd Road.
24A. BURIAL CR REMOVAL Buria	(Specify)	24C. NAME of CEMETERY of Co. New Cathedral C			City, town, or county) (Stote) Ore, Md.

25C. FUNERAL DIRECTOR Leonard

ADDRESS

Ryck Inc. Balto. Md. 21214



BALTIMORE	CITY	HEALTH	DEPARTMENT
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Registered	No	66-	01	1.6
Registered	No.		1 4	Mar 1

BIRTH NO.	No. 66 U116	CERTIFIC	ATE OF DEATH	Registered Na.	66 01164
1. NAME OF	PECEASED	re Scafi	di Fe	b 3,19	66 6 45 AM
FULL NA HOSPITA INSTITUT	ME OF (If not in haspital ar L OR address ar lacation)	institution, give street	A. STATE B. COUL	altimor	RURAL and give township)
Ma	ryland Gen	eral Hospit		rural, give lacation)	Road
5. SEX	6. RACE 7	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	/6/程	9. AGE (In years last birthday)	If Under 1 Yr. 1f Under 24 Hrs. Manths Days Hours Min,
dane during r Re-1	nost al warking tite, even if retired)	BARBER	Italy		12. CITIZEN OF WHAT COUNTRY? U. S. A.
	Scafili seased Ever in U. S. Armed Force	Louis 1 16. SOCIAL	14. MOTHER'S MAIDEN N	» (ADDRESS
Yes, no ar un	knawn) (If yes, give war ar dates	of service) SECURITY NO.	OF DEATH	ghter-	Josephine Hoop
4	DISEASE OR CONDITION DIRECTED TO DEATH	CTLY	oronary H	rombos	INTERVAL BETWEEN ONSET AND DEATH
heart fo	oes nat mean the made of d silvre, asthenia, etc. It means th ar camplication which caused d	ying, e.g., DUE TO	rten'asciero	1.1	10
rise t	ANTECEDENT CAUSES SES OR CONDITIONS, if on a line above cause (A) s RLYING CONDITION last.		ascwar	ai sease	- year
E TO TI	SIGNIFICANT CONDITIONS CO HE DEATH BUT NOT RELATE E OR CONDITION CAUSING IT.				
19A.DA	WAS PERFO	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of N	ON CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CON	CIDENT WAS UNDERLYING NTRIBUTING CAUSE OF (natify medical examiner)	21B. PLACE OF INJURY (e.g. home, form, factory, street, etc.)	, in ar about 21C. WHERE DID affice bldg., INJURY OCCUR?	(If in Baltimare	city, give exact location)
OF INJU	JRY	While At Wark At Wa		JURY OCCUR?	
tha	(we) last saw the deceased		19 66 and th		2 3 19 66
23A. SIG	Kollet Est	Ouu M.D. A	ttending Med. Director	Stoff Phys,	23B, DATE SIGNED 2 1 3 166
NA	ricians ME (Type) Robert	E. STONER M.		General	Hospital
REMOTE SAL DATE	1//1/11/11/1/	24C. NAME OF CEMETERY OF COLOR RAINE IN	MAUSO/EUM	BAITI	more, Md.
/S 150-REV.	3 4 1966 O. P. F	0 0 (O () () () ()	25C. FUNERAL DIRECTOR	ik Inc.	BAITO, Md. 2121

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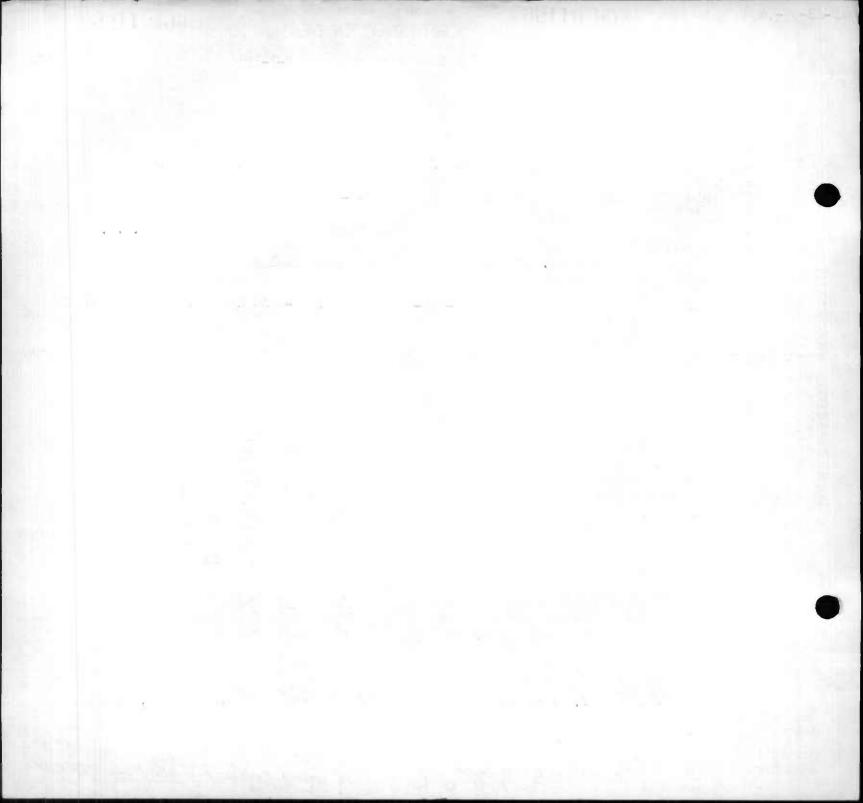
cause of death

hospital

BALTIMORE CITY HEALTH DEPARTMENT 66 01165 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before edmission)
A, STATE 8. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND hospitel or institution, FOLL NAME OF HOSPITAL OR INSTITUTION eddress or lecetion) C. CITY OR Uf outside city limits, write RURAL and give tewnship) D. STREET ADDRESS (If rurol give location 7. MARRIED, NEVER MARRIED 8. DATE OF 9. AGE (In yeers If Under 1 Yr. If Under 24 Hrs. 5. SEX 6. RACE WIDOWED, DIVORGED (specify) Hours lost buthdoy 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most/of working life_even it/retired) Ka 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME 15. Was Decesed Ever in U. S. Armed Ferces ADDRESS 16. SOCIAL 17. INFORMANT (Yes, no erunknown) (If yes, give wor or dotes of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode at dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. **TIFICATION** OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 198. CONDITION FOR WHICH OPERATION 208 IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED CERI 21A. ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g., in or about 21C, WHERE DID heme, lerm, lectery, street, effice bldg., INJURY OCCUR? (II in Seltimore City, give exact lecetion) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical exeminer) etc.) (Menth) (Doy) (Year) (Heur) 21E. INJURY OCCURRED 2) F. HOW DID INJURY OCCUR? OF INJURY While At Net While (APPROX.) Werk At Werk 22. I certify that (1) (this hospital) attended the deceased from acu that (1) (we) last saw the deceased alive an 19 6 ond that in (my) (our) opinion death occurred on the date and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Stoff M.D. Med Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION 24C. NAME of CEMETERY OF CREMATORY 24B. DATE (State) 24D. LOGATION ICity, tewn, or county! REMOVAL (Speaily) written (adaureda Leu 25A. DATE REC'D DEPT. 258. NAME OF ADDRESS 25C. FUNERAL DIRECTOR B cowan

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	I NO.	0 66 0116) ()		TE OF DEATH	Registered No.	01166
1. NA	CASE NO. AME OF DECE or Print)	ASED EDGAR	ERNEST	LOWMAN	2. DATE AND 2-1-19	HOUR OF DEATH	11.30
FL	JLL NAME OI	TH IN BALTIMORE, MAI	or institution, c	give street	4. USUAL RESIDENCE (Where & S. COUNTY Maryland	3	4007
	OSPITAL OR ISTITUTION	Baltimore Ci 4940 Eastern	ty Hosp		Baltimore	e city limits, write (RURAL ond give township
		Baltimore, Ma		21224	910 Dantry Cour		5
5. se	le	White	Single		4-2-1906	AGE (In years t birthdoy)	If Under 1 Yr. If Under 2 Months Doys Hours A
done	during most of w	vorking life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. F.	ATHERS NAM	Thomas W.	Lowman		Emma Phelps		
15. W (Yes,	vas Deceosed no oi unknown)	Ever in U. S. Armed Ford (If yes, give wor or dote:	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			212-011-539 CAUSE O	Records:BCH-4940	Eastern Av	renue 21224
	other Signii	R CONDITIONS, if obove cause (A) CONDITION last.	Slaling The ONTRIBUTING TED TO TH	3	conic renal de		
ERTIFIC	0	OPERATION 198. CON WAS PERF	ORMED		No	IN CERTIFIEND CA	OSES OF DEATH:
CAL	OR CONTRIBU	TING CAUSE OF medical examiner	21 B. hom etc.	e, form, foctory, street, of	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exoct locotion)
3	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeat)		INJURY OCCURRED ile At Not While rk At Work		Y OCCUR?	
	that (I)(we)	ast saw the decease	d alive an	he deceased fram	-	in (my) (our) api	2 // 19 19 19 19 19 19 19 19 19 19 19 19 19
	3A. SIGNATU		~~~		ending Med. St.	off ys.	23B. DATE SIGNED
	(/u)	and la					
	PAME AT Je:	ffrey D. Aar	onson		^{23D.} ADDRESS 4940 Eastern Aven	ue,Baltimo	ore, Maryland
	Je. BURIAL CREMOVAL S	ffrey D. Aar	6 24C. N		4940 Eastern Aven		ore, Maryland ity, town, or county) ADDRESS



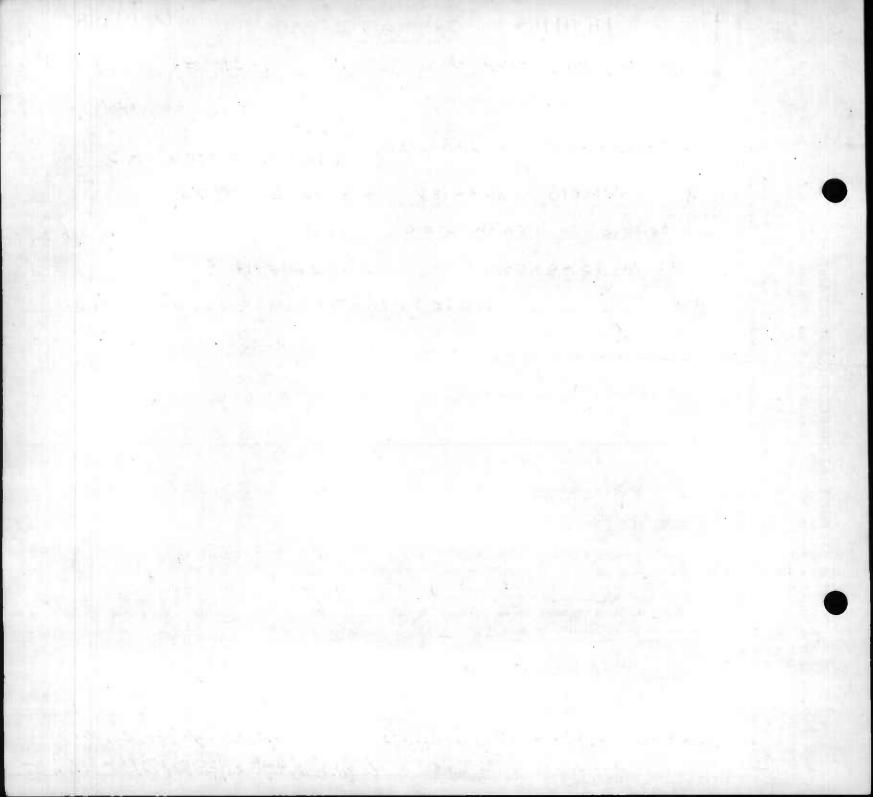
VS 150-REV. 1/1/65

BALTIMORE	CITY	HEALTH	DEPARTMENT
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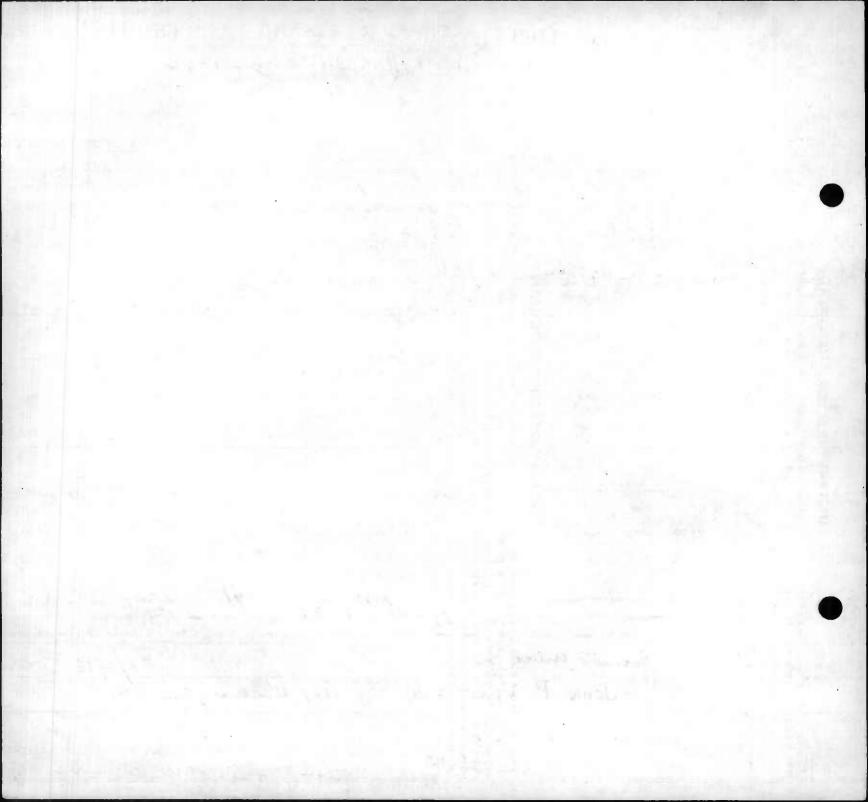
1		BALTIMORE CITY	HEALTH DEPARTMENT		
M.E	th no. e case no. 66 0116	7 CERTIFICA	TE OF DEATH	Registered No.	01167
(Тур	PLACE OF DECEASED PLACE OF DEATH IN BALTIMORE, MARYLAN	limkouski	Tan		7:05 P.M.
	FULL NAME OF (If not in haspital or instance) NSTITUTION (If not in haspital or instance)	titution, give street	R L	side city limits, wife RUR.	AL and give township)
12	Church Homes	•	236 5.1	Tadeira.	5+
5. S		ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify) WILDOW (IND OF BUSINESS OR INDUSTRY		86	Under 1 Yr. If Under 24 Hrs. Min. Min.
dan	Processer & Housewife FATHERS NAME	anning Industry	Poland 14. MOTHER'S MAIDEN NAM	ME	Poland
15.	Was Deceased Ever in U. S. Armed Farces? s,na or unknawn)(If yes, give war ar dates of s	FRAWCZYK 16. SOCIAL SECURITY NO.	Un K		ADDRESS
	no	217-01-2114		k Parynos	740 S. Linwood Aug
	DISEASE OR CONDITION DIRECTL		F DEATH	1	ONSET AND DEATH
	(This does not mean the mode of dying heart failure, asthenia, etc. It means the injury or complication which caused death	liseose,		mbosis à Heno	2
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any,	DUE TO	eriosderatic Ce	rebro Vasculari	120016
	rise to the above cause (A) slotin UNDERLYING CONDITION last.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION WAS PERFORM		20A. AUTOPSY? (Yes or No	10 20B. IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i hame, farm, factory, street, a etc.)	n ar obout 21C. WHERE DID	(If in Baltimare Ci	ty, give exact location)
MEDI	21D. TIME (Manth) (Day) (Year) (Ho OF INJURY (APPROX.)	While At Nat While Wark Nat Wark	e 21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (3) (this hospital) atte that (3) (we) last saw the deceased ali	ve on I am 29	19 66 and th	1966 to Ja at in(🖚) (aur) opinia	\sim 29 19 66 , n deoth occurred an the dote
	ond hour ond from the couses stated of 23A. SIGNATURE A. 24A		ending Med.	Stoff Phy s,	B. DATE SIGNED
	23C. PHYSICIAN'S OF & S. M.	aisog M.D.	23D. ADDRESS	Home and	Corpied
244	A. BURIAL CREMATION, 24B, DATE REMOVAL (Specify) 2-2-66	HOLY DOSAR	Y CEMETERY &	BALTI MORE	County MD.
25%	FEB 4 1966 CL	1 0 0 0	AYMANDA &	KACZOROWSK.	1 2525FLEETS

Beltimera Church Home a Haspital 231 Selladonost 98 NEW 60 4/5 F Cav wider P. lowed Privates a Houseille Commission Todates no de son Fronklasjan II am till Cerebral Thrombers ethering Barrell Astronoslanta Comba Varedant many & may Olever told them took thought José E. Mering

			BALTIMORE CITY	HEALTH DEPART	MENT)	00 01100
BIRTH NO.	66 011	68	CERTIFICA	TE OF DE	ATH	Registered Na.	60 11168
M.E. CASE NO				12	DATE ANI	HOUR OF DEATH	
(Type or Pant)		PHELL.	JAS.			31- 66	4:30 P M.
3. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDE	B. COUNT	deceased lived. If in	stitution: residence before edmission)
FULL NAM HOSPITAL INSTITUTIO	OR oddress or location	or institution, give st	root	c. CITY OR TOW	RY LA		RURAL ond give township)
110	Filtra A. I. Hann	00 11	AR MAND	D. STREET ADDRE	TIMOR SS (IF I	urol, give location)	53-00
	THERAU HOSP	art M	Magunny	QUA	KER	BOTTOM	RP.
5. SEX	6. RACE	7. MARRIED, NEVE WIDOWED, DIV	ORCED (specify)	B. DATE OF BIRTH	0-19	. AGE (In yours ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL O	CCUPATION (Give kind of work		NESS OR INDUSTRY	6 - 3 C	tote or loreig	n country	12. CITIZEN OF
	st of working life, even if retired)	CONTRA	char	n- %			WHAT COUNTRY?
13. FATHER'S	NAME	CONTIN	0.01	14. MOTHERS MA		N.E.	U. 3. A
10	s no 12 no			57/	10 51	113	
15. Wos Dece	S M. VSAR		OCIAL	17. INFORMANT	AIDET	7	ADDRESS
MAA	nown) (II yes, give wor or date		10-5419	Knt-=	BOOK	ES-SPA	wke MD-
18. >	2///	212	CAUSE O	F DEATH	JAKIN	53 - 3 P.M	INTERVAL BETWEEN
DI	SEASE OR CONDITION DIE	RECTLY	0	D		2	ONSET AND DEATH
(This do	LEADING TO DEATH	dving a g	(A) (C	entro bo	real	as ace	L
heort foil	ure, osthenio, etc. It meons complication which coused	the diseose,	00110	0			
mijory or	ANTECEDENT CAUSES		(B)	dent	***********		
DISEASE	S OR CONDITIONS, if		DUE TO				
	the obove couse (A)	stoting the	(C)				
0.1.00110	II						
E TO THE	IGNIFICANT CONDITIONS C E DEATH BUT NOT RELA OR CONDITION CAUSING I	TED TO THE					11111
		DITION FOR WHICH	OPERATION	20 A. AUTOPSY?	(Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONT	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF control medical examiner	21 B. PLAC homo, lorr etc.)	E OF INJURY (e.g., in n, foctory, stroet, of	fice bldg., INJURY	ERE DID	(II in Boltimore	e City, give exoct locotion)
21 D. TIME		(Hour) 21E, INJU	RY OCCURRED	21 F. HO	N DID INJU	JRY OCCUR?	
(APPROX.)		While At Work	Not While				
22. I cer	tify that (I) (this hospital) attended the de	ceased fram	1-13	1	9 66 ta	1-31 1966
that (1) (we) last saw the decease	d alive an	1-31	19 66			inian death accurred an the date
and haur	and fram the causes star	red abave. (I) (We) (did) (did nat) v	iew the bady aft	er death.		
23A. SIGN	ATURE 60 0	. 0				s. # —	23 B. DATE SIGNED
00.0 511	Sahlia	Lugar	Ca Phy:			Stoff Phys.	
23C. PHYS	ICIAN'S IE (Type)	0	A 17 A M.D.	23D. ADDRESS	FP.	11	al man la
24A. BURIAL	CREMATION 124B. DATE	24C NAME O	CEMETERY OF CRE	MATORY	240.10	CATION IC	ity town or county! (State)
REMOV	AL (Specily)	()	11	The state of	- A.	- W	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
25A. DATE RE	BL 266	25B. NAME OF REC	HENCON'S	25C. FUNERAL	DIRECTOR	RKS, ISAL	ADDRESS
		0 20	C The	Man D	Chart	treate 120	1 me callet St
VS 150-RE 4	1965 Cala	13 E , W.		WALL &	A LAND	110	1 I come if O!



		BALTIMORE CITY	HEALTH DEPARTMENT		
11	MRTH NO. A.E. CASE NO. 66. 011.69	CERTIFICA	TE OF DEATH	Registered Ne	01169
	NAME OF DECEASED Type or Print) Henry	m. Me	LOU 2. DATE AN	D HOUR OF DEATH	1:30 P.
3	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE	o deceased lived If inst	tution: residence before admission)
	FULL NAME OF (If not in hospital or institut oddross or location) INSTITUTION	ion, give street	C. CITY OR TOWN INDUIT	sido city limits, write RU	RAL and give lownship)
3	Ellimersity Ho	de.	D. STREET ADDRESS (III	yrol, give locotion)	AA ST
3		RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	P. AGE (In year)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIN)	arried	6-77-55	80	12. CITIZEN OF
	done during plost of working life) even if retired)	of Employ	ed m	d	WHAT COUNTRY?
• '	3. FATHER'S NAME	Ment les	14. MOTHER'S MAIDEN NAM	ie 7	
1	5. Was Deceased Ever in U. S. Armed Forces? Yes, no grunknown) III yes, give wer or dates of servi	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	Resus	ADDRESS
	18. 420.0 1	CAUSE O	F DEATH	vagine	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying,	(A) Ch	terurelesete	e Henrit	3 yeurs
	heart foiluse, asthenia, etc. 11 means the dise injury or complication which caused death.)		Disease		1
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, git is to the obove couse (A) stoting UNDERLYING CONDITION lost.				
	Z OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?
	U 2TA. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID iffice bldg., INJURY OCCUR?	(If in Bottimoro (City, givo exect tecetion)
	21 D. TIME (Month) (Day) (Yeor) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not While Work	21F. HOW DID INJI	URY OCCUR?	1
	22. I certify that (1) (this hospital) attend that (1) (wo) last saw the deceased alive	1/2.//	// // 0	9 1 ta /	12 y 19 66 an death accurred an the dat
	and hour and from the causes stated abov				
	John P Welch			Stoff Phys.	2/3/66
	23C. PHYSICIAN'S NAME (Type) JOHN P. L	PRLOCK JR M.D.	1227 Was	chington	Bev'd
	24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify) 24B. DATE 24 REMOVAL (Specify)	C. NAME OF CEMETERY OF CRI	bach 24D. LC	CANON City,	town, or county) (State)
	EFB 4 1966 Q C S S	ME OF REGISTRAL	250-FUNERAL DIRECTOR	Porrani	ADDRESS
IF	/S 150-REV. 1/1/65	5 6 6 3	1 / W	Balto	Sid.



white

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dates of service)

> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

19A, DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

(Yeor)

2/7/66

(Hour)

R. Breitenecker, M.D.

Inquiry

causes X

UNDERLYING CONDITION LAST.

DISEASE OR CONDITION CAUSING IT.

(Month) (Doy)

I certify that I held an

resulted fram: Matural

21A, EXTERNAL CAUSE WAS

UNDERLYING OR CONTRIB-

UTING CAUSE OF DEATH.

21D TIME

OF INJURY

ACTUAL SIGNATURE. **EXAMINER'S** NAME (Type)

REMOVAL (Specify)

Burial

23A. BURIAL CREMATION, 23B. DATE

24A, DATE REC'D BY HEALTH DEPT.

(APPROX.) 22.

done during most of working life, even if retired)

20.1

10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST

Edward J. Evans, Sr.

married

SECURITY NO. 217-14-6841

CAU

(A) Occlus

DUE TO

(C).....

21B. PLACE OF INJURY (e.a.

home, form, foctory, street,

Inspection

23C. NAME OF CEMETERY

Baltimore N

m. WHILE AT

Accident

24B. NAME OF REGISTRAR

21 E. INJURY OCCURRED

NO

Suic

Balto.Gas & Elect C

male

Foreman

13. FATHER'S NAME

ves 18.

CERTIFICATION

cc 01170 BALTIMORE CITY HEALTH DEPARTMENT

OF	DEATH	Na
OF	DEATH	

.t	RIFICATE OF D	EAIH Reg	istered Na		
-	2. DATE AND	HOUR PRONOU	INCED DEAD		
	Feb	. 2, 1966	5	6:40	P M.
	4. USUAL RESIDENCE (Where de	aceosed lived. If B.	institution: res	idence before	odmi s sioni
	Maryland c. CITY OR TOWN (If outside	corporate limits.	write RURAL of	and give town	ship)
	Baltimore		71-	N	
	D. STREET ADDRESS (If rurol, g	ive location)	00	00	
H	3812 Elmon	ca Ave.			
	8. DATE OF BIRTH	9. AGE (In yellost birthdoy)	ors If Unde	r 1 Yr. If Un Doys Hou	der 24 Hrs.
	12/28/1923	42		-0,0	
RY	11. BIRTHPLACE (Slote or foreign	country)	12. CITI2	EN OF	?
0		Md.			
	14. MOTHER'S MAIDEN NAME	L			
	Ethel Horn	berger	ADDRES		
				400	
	Mary Knighton	Evans,	wife,		
E	OF DEATH			ONSET AN	
3. i	ve coronary arter	ciosclero	tic dis	eas e	
••••	•••••••	***************************************		••••••	· • • • • • • • • • • • • • • • • • • •
				7,000	
• • • •				• • • • • • • • • • • • • • • • • • • •	
		************	**********		
	20 A. AUTOPSY? (Yes or No.) 2	OB. IF YES, WER	E FINDINGS	ON SIDERED	
0	yes n or obout 21C. WHERE DID (If ffice bldg., INJURY OCCUR?	in Boltimore Cit	y, give exoct	ocotion)	
)	21F. HOW DID INJUR	Y OCCUR?			
W	WHILE ORK				
ut	apsy X and that on this	basis, death	In my opinio	in	
	Hamicide Ur	ndetermined m	onner 🗌		
	CHIEF MEDICAL EXA				LOVIED
n	ASSISTANT MEDICAL EXA	MINER X		DATES	IGNED
υ,	ASSOCIATE MEDICAL EXA		2	-2-66	
					10
			City, town, or		(Stole)
a	tional Cem B	altimor	e, Md.	and the same	
	Schimunek Fu	neral F	lome. I	nC.	
	3331 Breh				

Forestan Sello des a steet to dall'amore, lo. 11 49 th A DECEMBER OF THE ROLL OF THE STATE OF THE S Aurial 27770c Saltimore Sational Con Saltimore, No. .nel .mont Laren. V come Dice.

FEB VS 150-REV. 1/1/65

a hospital and cause of death

	BALTIMORE CITY	HEALTH DEPARTMENT		()() () 4 4 12 1
BIRTH NO. M.E. CASE NO. 66 01171	CERTIFICA	TE OF DEATH	Registered No	66 01171
1. NAME OF DECEASEDESTELL A.	11-	2. DATE AN	D HOUR OF DEATH	11 .45
3. PLACE OF DEATH IN BALTIMORE MARYLAND	LVIK	14. USUAL RESIDENCE (When	e deceased leed. If in	stitution: residence before admission
		A. STATE B. COUN	K	
FULL NAME OF (If not in haspital or institution HOSPITAL OR oddress or location)	on, give street	C. CITY OR TOWN (If out	2120	SURAL and give township)
INSTITUTION		Baltino	-	Call ()
You I a d.	0.11		ural, give locotian)	V S Total
Maryland flen	eral Hospital	906 N	orth]	Lris Arc
	IED, NEVER MARRIDO WED, DIVORCED (specily)		ost birthday)	II Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
F W	James	11/2/04	61	
OA, USUAL OCCUPATION (Give kind of work 108, KIND lane during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHH ACH (State or fareig	in country)	12. CITIZEN OF WHAT COUNTRY?
	at home	Baltimo		USA
3. FATHERS NAME		Frances Josep	heck	
Steven Mathai		S. Josef	ic	
5. Was Deceased Ever in U. S. Armed Farces? Yes, no or unknown) (If yes, give war or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	, ab	OVE ADDRESS
		Charles F.K	alarit	Husband
18. /57 X 1	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				ONSE! AND DEATH
LEADING TO DEATH	(A) Cox	comountal	4	
(This does not meon the mode of dying, e heart failure, asthenia, etc. II means the disea				
injury or complication which caused death,)	on Co	1 2000		
ANTECEDENT CAUSES	DUE TO	+ 1	3.2	
DISEASES OR CONDITIONS, if ony, giv				
UNDERLYING CONDITION lost.	(6)	***********************************	******************************	
- III				24 1 S 1 3 1 5 1 5 1 5 1
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208 IF YES WERE I	EINDINGS CONSIDERED
WAS PERFORMED	The state of the s	125	IN CERTIFYING CAL	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	ar about 21 C. WHERE DID	(If in Baltimare	City, give exact location)
	hame, farm, factory, street, of etc.)	fice bldg., INJURY OCCUR?		
O 21 D. TIME (Manth) (Day) (Year) (Haurt	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
21D. TIME (Manth) (Day) (Year) (Haurl OF INJURY (APPROX.)	While At Not While	e 🖂		
	Work At Wark	110	11	1- 11
22. I certify that (1) (this haspital) attende	_ / 2		9 6 010	2 / 3 19 65
that (1) (we) last saw the deceased alive of			it in (my) (our) apti	nian death occurred on the dat
and haur and from the causes stated abave	(1) (We) (did) (did nat) v	iew the body after death.		
23A. SIGNATURE		Y 44 1		238, DATE SIGNED
rober - Home	M.D. Atte	miding Med. Director	Phy st	2/3/66
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	/ 11	- pital
	M.D.	Mary Land O	eneral H	ospital
24A. BURIAL CREMATION, 24B. DATE 24C REMOVAL (Specify)	NAME of CEMETERY of CRE	MATORY 24D. LC	CATION (Cit	ty, town, or countyt (State)
	Bohemian Natio	onal Cem. Ba	altimore,	Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAT	TE OF REGISTRAR	25C. FUNERAL DIRECTOR Schimunek		
FEB 4 1966 PLANTE	Chronina	3331 Brehr	ns Lane	ome, inc.

E Shorts Killite " you the date The I seem on the seems Av you was an in the second of indial and t . In a superfici

VS 150-REV. 1/1/65

THE STATE STATE STATE

(Type	or Print)	FLET	CHER R.	ANDERSON, Sr		e and hour of deat an. 30th. 1	H 966 12: institution: residence before
3. PLA	CE OF DEA	TH IN BALTIMO	RE, MARYLAND		4. USUAL RESIDENCE A. STATE B. C	(Where deceased lived. II	institution: residence befor
HO:	L NAME O	F (If not in h oddress or	ospitol or institu location)	otion, give street	C. CITY OR TOWN	yland (If outside city limits, with	e RURAL ond give townsh
0 /	TITUTION					ltimore	
10	7	07 Holl	en Road	, 12	D. STREET ADDRESS	(If rurol, give locotion) 7 Hollen Ro	nd 12
5. SEX		6. RACE		RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. If U Months Doys Hour
Ma	le	White		owen, DIVORCED (specify)	May 21,18	90 ast birthdoyl	Months Doys Hour
		JPATION (Give kind warking life, even if		ID OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote o		12. CITIZEN OF WHAT COUNTRY
	Plast				Baltimo		
13. FA	THER'S NAM	A E			14. MOTHER'S MAIDEN	NAME	
1		rion And		11 (20 0)	Rose McC	leary	ADDRESS
		(If yes, give wor			17. INFORMANT		ADDRESS
	no	-		213-10-599		nie E. Ande	
18.	55	E OR CONDITION	ON DIRECTLY		OF DEATH		ONSET AND
	DISEAS	LEADING TO D		(A) Ce	rebral the	onebusis!	5da
		of meon the mosthenio, etc. If		e.g., DUE TO		,	0
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in		plicotion which		19 Herr	enalue o ar	serioseleros	is 10 40
		ANTECEDENT C	AUSES		rebral the	serioseleros	10 ye
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D	ISEASES C	ANTECEDENT C OR CONDITION O obove coust CONDITION I	AUSES S, if ony, ge (A) stoling	iving	ersliged ar	derioselerose	is 10 ye
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ATION G TO C TO C	SISEASES OF SIGNIFICATION OF THE DOTSEASE OR	ANTECEDENT C OR CONDITION OF OBOVE COUST OF CONDITION IN FICANT CONDITI EATH BUT NO CONDITION CAL OPERATION 19	AUSES S, if ony, g e (A) stoling ast. ONS CONTRIB T RELATED T JSING IT.	UTING O THE	20A. AUTOPSY? (Yes	or Nol 20B. IF YES, WER	
AL CERTIFICATION	OTHER SIGNIO THE DISEASE OR A. DATE OF R CONTRIBL	ANTECEDENT C OR CONDITION OF OBOVE COUST OF CONDITION IN FICANT CONDITI EATH BUT NO CONDITION CAL OPERATION 19	AUSES S, if ony, g e (A) stoling ast. ONS CONTRIB T RELATED T JSING IT. B. CONDITION AS PERFORMED OF	UTING O THE	20A. AUTOPSY? (Yes	or No. 208. IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED
DICAL CERTIFICATION	OTHER SIGNIO THE DISEASE OR A. DATE OF R CONTRIBL	ANTECEDENT C OR CONDITION OBOVE COUSE CONDITION FICANT CONDITI EATH BUT NO CONDITION CAL OPERATION TY OPERAT	AUSES S, if ony, g e (A) stoling ast. ONS CONTRIB T RELATED T JSING IT. B. CONDITION AS PERFORMED TYING OF	TO THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, cetc.)	20A. AUTOPSY? (Yes in or obout 21C. WHERE D lifice bidg., INJURY OCCL	or No. 208. IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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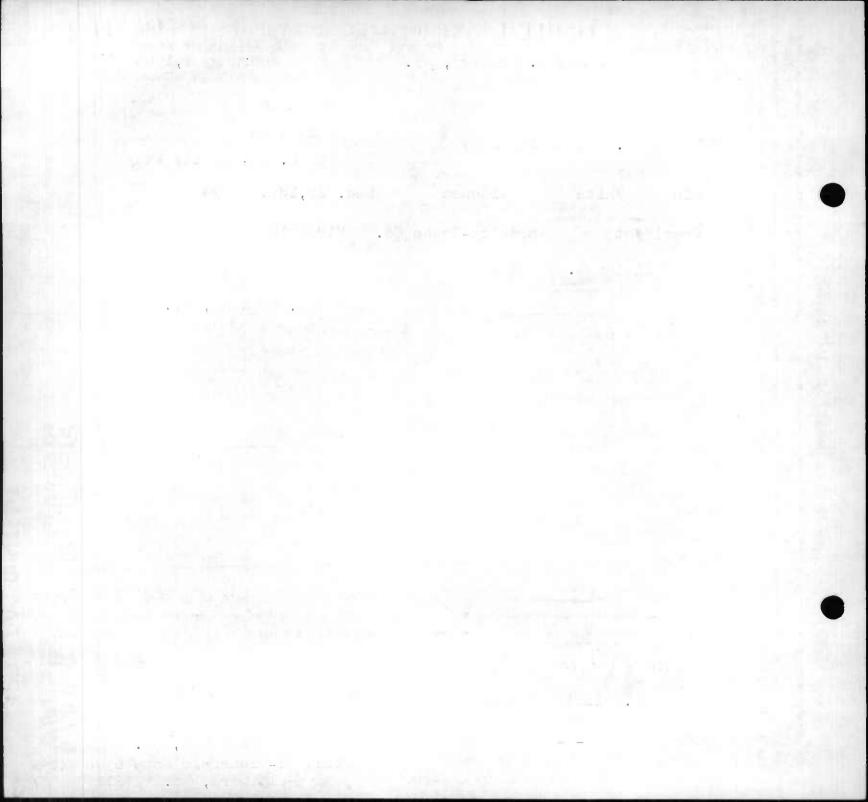
10241	BALTIMORE CITY	HEALTH DEPARTMENT			
654	BIRTH NO. 66 011.74 CERTIFICA	TE OF DEATH Registered No.	(1112/1		
and eath ased the Such	M.E. CASE NO. 1. NAME OF DECEASED	DATE AND HOUR OF DEATH			
death death eased n the Such	(Type or Print) James E. Bradley, Sr.	February 1,1966	1:20		
D 0 -5	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution:			
se Se (5)	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	Maryland C. CITY OR TOWN (If outside city limits, write RURAL ond give township)			
	INSTITUTION	Baltimore			
att or	622 W. University Pkwy	D. STREET ADDRESS (If rurol, give location)			
D - D - G 6		622 W. University Pkwy			
occurribu ontribu ermine regula eased is mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	8. DATE OF BIRTH 9. AGE (In years If Unde	Doys Hours Min.		
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CIT	IZEN OF		
ath in dec	done during most of working lile, even if retired) President Bradley-Reese Co		TAT GOOTHIN.		
de Un as as	13. FATHER'S NAME	14. MOTHERS MAIDEN NAME			
if (4)	William P Brodley				
	William E. Bradley 15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS		
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.				
St. Lit	No	James E. Bradley, Jr. S	Same		
or his assist Also, if the re of any kir nounced de attendance	18. 422.11 CAUSE O	James E. Bradley, Jr. S PEDEATH CELLO SELETOTIC CALDIS— COULDED DISEASE	ONSET AND DEATH		
Also, e of noun atten	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CHIAL DISPACE	2440		
Als nou att	Time does not meen me mode of dying, e.g.,	ocide Disaise	~7.62:		
ner. er. pro lar	heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)				
	ANTECEDENT CAUSES (B)	***************************************	19 ding 11 4 4 7 7 4 5 5 4 4 5 5 5 5 5 5 5 5 5 5 5		
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50 de 20 60	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in order of the control	in or obout 21C. WHERE DID (If in Boltimore City, gi-	ve exoct locotion)		
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sed sed on to spital eath	and haur and fram the causes stated above. (1) (We) (dtd) (did nat)	view the bady after death.			
st len	23A. SIGNATURE		TE SIGNED		
must eleas ccide hos to de	White A annuel to M.D. Att	ending Med. Stoff Phys.	til, 1966		
0 - 0 - 5	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS			
An at at orio	Dr. William Kammer M.D.	6011 York Rd. 21212			
certificat body was s: (1) An D.O.A. at ased pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, town,	or county) (Stote)		
cert Sody Se ase	REMOVAL (Specify)	D			
nis c nows as L eced	Burial 2-4-66 Loudon Park 25A. DATE REC'D BY HEALTH DEPT 125B NAME OF SEGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS		
Thi the sho w w de	EEB 4 1988 OLLEW 2	Mitchell-Wiedefeld Home	6500 York		

VS 150-REV. 1/1/65

Baltimore, Md.

25C. FUNERAL DIRECTOR
Mitchell-Wiedefeld Home 6500 York

Poud Paltimore, Md. 21212



1217 St. Paul Street

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) WILLIAM WALKER (William Gabriel Walker) Feb. 2, 1966 4:10 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD Marvland Prince George's (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION) Oxen Hill D. STREET ADDRESS (Il rurol, give locotion) St. Agnes Hospital 5511 Selby Lane If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 5. SEX 6. RACE WIDOWED, DIVORCED (specify) Married March 26,1916 49 male white 10A, USUAL OCCUPATION (Give kind of work) OR KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)

Truck Driver Jessamine County, Kentucky U.S.A. 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elbert Walker Maude Clark 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 16. SO CIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Yes WWII 402-07-5009 Mrs. Dorothy Walker Oxen Hill, Maryland INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH - 1 DISEASE OR CONDITION DIRECTLY (A) Arteriosclerotic cardiovascular disease LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? yes yes 21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, affice bldg., INJURY OCCUR? EDICA UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. Σ 21 D TIME 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) OF INJURY MHILE AT NOT WHILE (APPROX.) 22. Autopsy X I certify that I held on Inquiry Inspection and that an this basis, death in my opinion resulted from: Natural causes K Sulcide Hamicide Accident Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 2-3-66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Rudiger Breitenecker, M.D. NAME (Type) 23A, BURIAL CREMATION, 21B DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) REMOVAL (Specily) Lexington Kentucky Feb.3,1966 Removal 24A. DATE REC'D BY HEALTH DEPT. 248 NAME OF REGISTRAR ADDRESS 24C. FUNERAL DIRECTOR FEB

VS 151-REV, 1/1/65

Wm. Cook-Brooks, Inc.

IMPORTANT	or his assistant if death Also, if the direct or cre of any kind; (4) Undet nounced death was in attendance on the decolmed or final disposition
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death the body was released to the hospital by a medical examiner. Also, if the direct or conshows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetwas D.O.A. at a hospital (except where the physician who pronounced death was in deceased prior to death); and (6) No physician was in regular attendance on the decentation approval must be obtained before the remains are embalmed or final disposition

		00 011	170	BALTIMORE CITY	HEALTH DEPARTMENT				
BIRTH NO. 66 U1176 CERTIFICATE OF DEATH Registered No.									
M.E. CASE NO.									
	e or Print)				2. DATE AND HOUR OF DEATH				
Adele M. Reese 3. PLACE OF DEATH IN BALTHMORE, MARYLAND FULL NAME OF HOSPITAL OR institution, give street oddress or locotion) INSTITUTION					2-1-66 57 N				
					4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY				
					Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
5313 Edmondson Avenue					D. STREET ADDRESS (If rurol, give locotion)				
					2803 Bee	echland Avenu	ie (14)		
5. S	EX	6. RACE	7. MARRIED,	NEVER MARRIED O, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.		
I	emale	White	Wid	lowed	March 26,1890	Tost birthdoy)	Months Doys Hours Min.		
10A	USUAL OCC	UPATION (Give kind of wo	k 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF		
ione		working lile, even if retired)		Home	Harford Cour	nty Maryland	WHAT COUNTRY?		
2	Housew		Own	Home		nty,Maryland	U.S.A.		
J.	TAIMER'S NAM	A) E			14. MOTHER'S MAIDEN N				
		John R. Fo	ote		Mo11y	(unknown	1)		
5. \	Wos Deceosed	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	The T	Equitable Trust Co.		
. 03	No	was, give wor or do	os or service)	None	Frank Lenz		_		
	1B. //			CAUSE O		Calvert	& Fayette Streets		
	Life !	A ANDITON -	ALCEL E			7	ONSET AND DEATH		
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	(This does n	ol meon the mode of	dying, e.g.,	DUE TO	CONG.				
	heort foilure,	osthenio, etc. It meons	s the discose,						
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		ANTECEDENT CAUSE		DUE TO		## ###################################			
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		OPERATION 198. COL		WHICH OPERATION	20A. AUTOPSY? (Yes or I	10 20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?		
ERTIFIC	0					IN CERTIFIENG CAL	DSES OF DEATH?		
O	21 A. ACCIDEN	T WAS UNDERLYING	21B	PLACE OF INJURY (e.g., i	fice bldg., INJURY OCCUR?	(II in Boltimore	City, give exact location)		
CAL	DEATH (notify	medical examiner	etc.) ionin, lociory, sirect, o	not sing, indokt occok!				
ō	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
M	OF INJURY			ile AI Not Whil					
			Wo	rk At Work					
	22. I certify	that (1) (this hospita	l) attended t	he deceased from	2-2-64	19 to 2 -	1-66 19		
	that (I) (we)	lost saw the deceas	ed alive on	2-1-6	6 19 and 1	that in (my) (aur) apir	nion death accurred on the dat		
and haur and from the causes stated above. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE									
	10 -	100 411		M.D. Atte	inding Med.	Stall	2-1/11		
	22C AUVELEN	ELD VYT	0-605	Phy	s. Director	Phys.	1-4-66		
	PHYSICIA NAME (T	ype)			23D. ADDRESS				
1				M.D.	Waton	LA Evell	e 28		
24A	REMOVAL	MATION, 24B DATE	24C. N	AME of CEMETERY OF CRI	MATORY 24D.	LOCATION (Cit	ty, town, or county) (State)		
	Burial	Feb.4,	1966 T	oudon Park Cer	meterv	Baltimore	Maryland		
25A		BY HEALTH DEPT.		F REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS		
	FFR A	1966		CELMAN	Wm.Cook-Bro		1217 St. Paul St.		
16	160 BEV 1/1/	1 Eg: 34 955	4 - 40		MIII - COOK - DIO	OKS, IIIC.	TELL DE. Lauf DE.		
1	150-REV. 1/1/6	50	7 1	0 11 11	1 1 1 7 1	02			

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BIRTH NO.6	01177 MEDI		SAMINER'S CE			DEATH Registé	red No. 1 1 1711	0 11
M.E. CASE NO.							0 011//	
1. NAME OF DI						D HOUR PRONOUNC		
2 BLACE IN BAI	WILLIAM B. SI		INCED DEAD	4 HEHAL BEEN		2, 1966	2:00	AM
S. PLACE IN BA	LIIMORE, MARILAND, W	HEKE PRONO	DINCED DEAD	A. STATE		B. COL	itution: residence before JNTY	ogmi s sio
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	JTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
7				D. STREET ADD	altimore			
Found:	In auto at 46	00 E. F	ayette St.				(W) 21215	
5. SEX	6. RACE			B. DATE OF BIR	тн	9. AGE (In years	If Under 1 Yr. If Und	
male	white		ried (specify)	Sept.	30,1902	lost birthdoyl	Months Doys Hou	s Min.
		TOB. KIND OI	F BUSINESS OR INDUSTRY				12. CITIZEN OF	
	f working life, even il retired) Watchman	Atlan	tic Wastepape	r Balti	imore, M	arvland	U.S.A.	?
13. FATHER'S NA		IICIGII	его манесрарс.	14. MOTHER'S A			U.D.A.	
	William Shu	1+0	Market St. St. St.	Me	olly Gol	domi +h		
	SED EVER IN U.S. ARMED	FORCES?		17. INFORMANT	olly Gol	USHILLII	ADDRESS	
No No	(If yes, give wor or dote	s of service)	216-03-3348	Dear1	Shultz	3112 1/1	Garrison Ave	(15
18,				OF DEATH	Siluica	3112 W.	INTERVAL	
RISE TO T UNDERLY	ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST, II GNIFICANT CONDITIONS DEATH BUT NOT RE	NY, GIVING TATING THE CONTRIBUTION						
		DITION FOR	WHICH OPERATION	20A. AUTOPS	Y? (Yes or No)		NDINGS CONSIDERED	
0 2	WAS PER	FORMED		yes		IN CERTIFYING CAUS	SES OF DEATH?	
Uning CA	AL CAUSE WAS OOR CONTRIB- USE OF DEATH. (Month) (Doy) (Yeo)	home etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, o	fice bldg., INJU	WHERE DID RY OCCUR?	(If in Boltimore City, gi	ve exoct location)	
OF INJURY			WHILE AT NOT	VHILE				
	ertify that I held on I	nquiry 🗌	Inspection Auto	opsy X or		is bosis, death in n Undetermined monne		
	TURE INER'S Puddoon	extr	, ,	ASSISTANT A		CAMINER X	DATE S 2-2-66	IGNED
NAME 23A, SURIAL CR			ecker, M.D.	CREALATORY	230 1	OCATION (City,	, town, or county)	(Stote)
REMOVAL (Spec	ify)							
Burial		1966	Meadowridge 1			Howard Coun		Land
FEB 4	1966 P.		OF REGISTRAR		ral director Cook - B		1217 St. Pa	ul S
VS 151-REV. 1/1		1 0	4 6 13 13	0 1 1	*7 A			1

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6-620

LE CASE NO.			(AMINER'S C		(1)			
NAME OF DE	CEASED			2. DATE AND HOUR PRONOUNCED DEAD				
	LARRY D. GR			Feb.	2, 1966	1 10:45 PM		
	TIMORE, MARYLAND,			A. STATE Maryland	deceased lived. If inst B. COL	itution: residence before odmission JNTY		
OSPITAL OR	ADDRESS OR LO	CATION)	JTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give location)				
/								
	II	1 77						
		emorial Ho	ospital	4013 Chesterfield Ave.				
male	6. RACE white	WIDO WED,	NEVER MARRIED DIVORCED(specify) er Married	8. DATE OF BIRTH May 30, 1949	9. AGE (In years last birthday) 16	If Under 1 Yr. If Under 24 Hr Months Days Hours Min.		
	UPATION (Give kind of w		BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?		
	udent		ity College	Pocahontas, Virginia U.S.A.				
	Boyd E.	Grose		Sylvia	B. Dalton			
	ED EVER IN U.S. ARM	ED FORCES?	16. SOCIAL	17. INFORMANT	D. Darcon	ADDRESS		
No	n) (If yes, give wor or d	oles of service)	None	Mrs. Sylvia E	Grose 40	013 Chesterfield		
18.	13610		CAUS	SE OF DEATH		INTERVAL BETWEEN		
DISEASES	ANTECENDENT CAL	ANY, GIVING	(B).	hanging				
DISEASES RISE TO TH UNDERLYI	OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LAS II GNIFICANT CONDITION	ANY, GIVING STATING THE STATING THE STATING THE STATING THE STATE	(C)					
DISEASES RISE TO TH UNDERLYI	OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LAS II GNIFICANT CONDITION DEATH BUT NOT DR CONDITION CAUSI	ANY, GIVING STATING THE IT. NS CONTRIBUTII RELATED TO T NG IT.	(C)					
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OTHER SIGNOTHER	OR CONDITIONS, IF HE ABOVE CAUSE (A) HING CONDITION LAS BIT OF CONDITION CAUSE F OPERATION 198, C WAS P AL CAUSE WAS FOR CONTRIB- USE OF DEATH.	ANY, GIVING STATING THE IT. NS CONTRIBUTII RELATED TO T NG IT. ONDITION FOR PERFORMED 218. home etc.)	NG HE WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, home	20A. AUTOPSY? (Yes or No yes , in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 4013 C	IN CERTIFYING CAU yes (If in Boltimore City, gi	SES OF DEATH?		
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66	01179		BALTIMORE CITY HEAL			SEATUR . 6	c01179
BIRTH NO.	WED	ICAL EX	CAMINER'S CI	EKTIFICAT	IE OF L	PEATH Registe	red No.
M.E. CASE NO.	CEASED .				2. DATE ANI	HOUR PRONOUNC	ED DEAD
(Type or Print)	Toba +	20	Cummin	201	/ -	78-61	/ 800 p
3. PLACE IN BALT	TIMORE MARYLAND, W	HERE PRONOL		4. USUAL RESID	ENCE (Where	deceosed lived. If inst	itutian: residence before admissian)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET		,	corparate limits, write	RURAL and give tawnship)
NOITUTITANI				Bal	ltimore		17:05
1- 1	11 0		quere.	D. STREET ADDI	RESS (If rurol,	give location)	1
1105		LYERT				alvert Stree	
MALE	WHITE	WIDO WED,	NEVER MARRIED DIVORCED(specify) rried	Nov. 14,		9. AGE (In years last birthdoy)	Months, Doys Haus Min.
	working life, even if retired)		F BUSINESS OR INDUSTRY king Co.		(Stote or foreig		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAM				14. MOTHER'S M		•	
	Leo J. Cu	mmings		Kat	tharine	A. Hayder	n
	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
Yes		Navy	217-12-7368	Leo T. (Cumming	s 614 N	. Howard Street
18.	0.3 15		CAUSE	OF DEATH			INTERVAL BETWEEN
DISEA	SE OR CONDITION D						ONSEL AND DEATH
(This does	LEADING TO DEATH			Craniocere	ebral in	njuries	
heort foilure	, asthenio, etc. It means mplication which caused	s the diseose,	DUE TO				
	OR CONDITIONS, IF		(B)DUE TO		***************************************	************************	•••••••
RISE TO TH	IE ABOVE CAUSE (A) S	TATING THE	501 10				
_			(C)				q = = = q = = = = = = = = = = = = = = =
ATI		CONTRIBUTE	NC	III Maria			
O THE	NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO T					
DISEASE OF	F CONDITION CAUSING		WHICH OPERATION	20A. AUTOPSY	? (Yes or No)		NDINGS CONSIDERED
20		RFORMED		Yes		IN CERTIFYING CAUS	
21A, EXTERNA	L CAUSE WAS	218.	PLACE OF INJURY (e.g., farm, foctory, street, a	in or obout 21C. V	WHERE DID		ve exoct location)
	ISE OF DEATH.	etc.)	Street			Calvert Stre	eet / 2 - / S
Z 21D TIME	(Month) (Doy) A(Y)	y). 7 (Haur) 2	TE. INJURY OCCURRED		OM DID INTE		
OF INJURY (APPROX.)	1 27 '66	475	WHILE AT NOT	WHILE X F	ell on	icy pavement	t while shoveling
22. I cer	tify that I held an					s basis, death in m	Snow
	Ited fram: Natural ca		Accident VY Suicid			Indetermined mann	
			2			AMINER 🔀	
ACTUA		Lioh	er "	ASSISTANT M			DATE SIGNED
SIGNAT		0/		ASSOCIATE M			1/30/66
NAME (Type) /	J- FL.	SHER				1/30/00
23A, BURIAL CRE REMOVAL (Specif		23	C. NAME of CEMETERY o	CREMATORY	23 D. L	OCATION (City	, town, ar county) (Stata)
Buria	1 Feb. 3		Baltimore			Baltimore	Maryland
24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR		ADDRESS
FFR /	1 1966 1 0	F 2 3	Collental	Wm . C	ook-Bro	oks, Inc.	1217 St. Paul S
VS 151-REV. 1/1/	/65 A		- - 4 - 4 - 5		7 8		

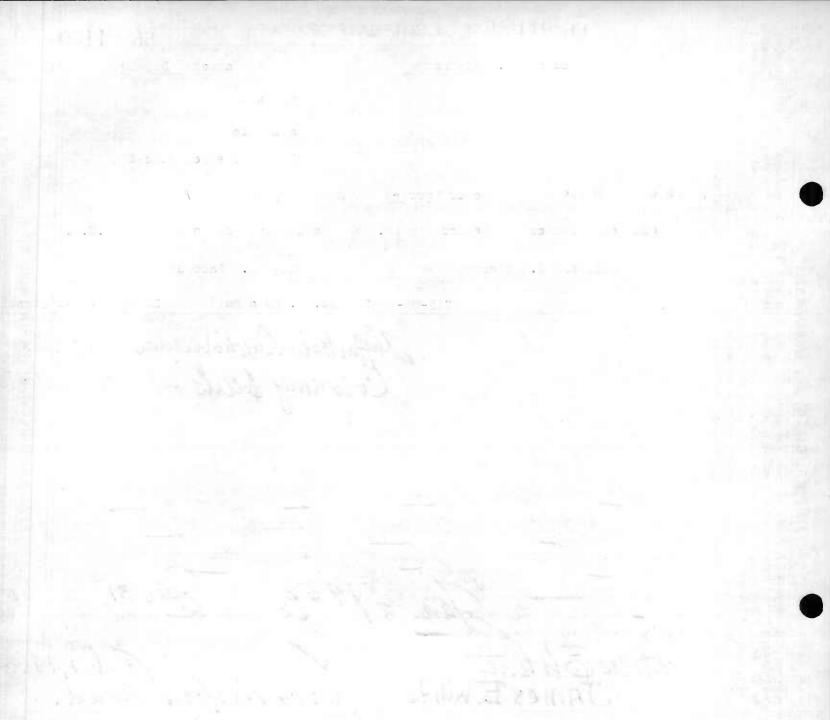
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VS 150-REV. 1/1/65

	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. 66 01180	CERTIFICA	TE OF DEATH Regist	ered No.
M.E. CASE NO.	CERTITION	12. DATE AND HOUR C	E6 UTT8U
(Type or Print)	Eierman		y 31, 1966 5:10 P M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	320211011	4. USUAL RESIDENCE (Where deceased	lived. If institution: residence before admission)
		Maryland	
FULL NAME OF (If not in hospital or institution address or location)	n, give street	C. CITY OR TOWN (If autside city lin	nits, write RURAL and give township)
INSTITUTION		Baltimord	9_15
UNION MEMORIA	1 Hospital	D. STREET ADDRESS (If rurol, give le	ocotion)
Children Marie Com	Z Magnin	926 Montpelie	Street
	ED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In	
	ved, DIVORCED (specify) ever Married	April 16,1908 lost birthdoy	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Sheet Metal Worker Le	enderking Co.	Baltimore, Marylan	
13. FATHERS NAME	Directivities over	14. MOTHER'S MAIDEN NAME	0.0
William J. Eiern 15, Wos Deceased Ever in U. S. Armed Farces?	nan	Mary I. Parr:	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.		
No	215-05-4102	Mrs. C. Edna Bull	926 Montpelier Street
18. 420.11	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Fly	by Ages to ander 110	104800 10 (11 A10.
(This does not mean the made of dying, e.	d. DUE TO	William Carlos Car	over 10 gans
heart failure, asthenia, etc. It means the diseas		a see Deal.	Janua de A
injury or complication which caused death.) ANTECEDENT CAUSES	(8)	wany wills	and Simeone
	DUE TO		
DISEASES OR CONDITIONS, if any, givi		•	
UNDERLYING CONDITION last.		4 0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	000 0 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_ 11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT			
DISEASE OR CONDITION CAUSING IT.	R WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF Y	ES WERE FINDINGS CONSIDERED
WAS PERFORMED	A WHICH OTERATION	IN CERTI	FTING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID (If	in Boltimore City, give exact location)
	nome, form, foctory, street, o	fice bldg., INJURY OCCUR?	7
0	PIE INJURY OCCURRED	21F. HOW DID INJURY OCCU	107
S OF INJURY	While At Not While		
(APPROX)	Work At Work	17-1	An 21 /1
22. I certify that (I) (this hospital) attended	the deceased from	17 20, 19 19	67491) 21, 1960
that (1) (a) last saw the deceased alive a	JANG & J	19 60 and that in (my)	(our) apinion death accurred on the date
and havy and from the causes stated above	(I) (We) (dtd) (did not)	iew the bady after death.	
23A. SIGNATURE			23B. DATE SIGNED
tumes Cubite	M.D. Atte	s. Med. Stoff Phys.	Xtel + 19662
23C. PHYSICIAN'S		23 D. ADDRESS	
NAME (Type) AMES IN	Kinda M.D.	5214 Harko	ld Toad.
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CR	MATORY 24D. LOCATION	(City, town, or county) (State)
REMOVAL (Specify)			
Burial Feb.3,66	Parkwood Ceme	2SC. FUNERAL DIRECTOR	ore County Maryland
MED 4 1000 A 0 4 0 5	Co Parts	Wm. Cook-Brooks Inc	
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T C P R LOURS TO THE TOTAL CO.	I MIII . I . OOK = B FOOKS IDC	. IZIZ OLA FAUL OLICEL

Wm. Cook-Brooks, Inc.

1217 St. Paul Street



deceased was D.O.

VS 150-REV. 1/1/65

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prior to death.

COUSE

		BALTIMORE CITY	HEALTH DEPARTMENT	The state of the s	
SIRTH NO.	66 011	81 CERTIFICA	TE OF DEATH	Registered (N6)	1181
M.E. CASE NO. 1. NAME OF DECE. (Type or Print)				HOUR OF DEATH	
	THOMAS	KELLER		ary 2, 1966	6 AM
CERTICAL OF DEAT OF HOSPITAL OF INSTITUTION	FICATE (II not in hospital or oddress or location)	AMENULU	4. USUAL RESIDENCE (Where A. STATE 8. COUNT Maryland C. CITY OR TOWN (If outsi	Y	ion: residence before admission
G	ould Convales	arium	Baltimore O. STREET AOORESS (If ro	#21204	53-00
611	6 Belair Road	d	7514 Fair Hil	10-Ave- 7514	Far Hills Drive
5. SEX Male	White	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed Married	8. DATE OF BIRTHOOS 9.	The state of the s	Under 1 Yr. II Under 24 Hrs. nths: Doys Hours Min.
10A. USUAL OCCU	PATION (Give kind of work 1) orking life, even if retired)	08, KIND OF BUSINESS OR INDUSTRY	Mifflinville,	n country) 12.	CITIZEN OF WHAT COUNTRY?
10 - 1 - 1 - 1 - 1 - 1 - 1		- Like - Comment	Mifflingville 14. MOTHER'S MAIDEN NAM	Pa.	U.S.A.
13. FATHER'S NAM	t		14. MOTHER'S MAIDEN NAM	E	
Me	rtinKeller		Dadge Fredri	-+ Unknown	
15. Was Deceased I	Ever in U. S. Armed Force (II yes, give wor or dotes	of service) SECURITY NO.	Daisy Fredri 17. INFORMANT rederick E.	(514 rar H11.	
19 //		205-07-6054	Fredrick Keller	7014 Fair H	
1.436	0,017/6				ONSET AND DEATH
	OR CONDITION DIRE	CTLY	ralozas artera &	BO	es un
(This does no	it mean the mode at d	lying, e.g., DUE TO	range wing r	cerosio	Tjears
heort failure, a	isthenio, etc. Il means Il dication which coused d	ne disease,			
		(9)			
	NTECEDENT CAUSES	OUE TO			
	R CONDITIONS, if on abave cause (A) s				
	CONDITION losi.	(C)			**********************************
O OTHER SIGNIF	II ICANT CONDITIONS CO ATH BUT NOT RELATI CONDITION CAUSING IT.	NTRIBUTING Clapsoron by	conchogenic aden	warenessa	2 years
19A. DATE OF	OPERATION 198. CONDI WAS PERFO	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
OR CONTRIBUT	T WAS UNDERLYING ING CAUSE OF medicol exominer)	21 B. PLACE OF INJURY (e.g., i home, lorm, loctory, street, o etc.)	n or obout 21C. WHERE DID lince bldg., INJURY OCCUR?	(II in Boltimore City	, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)	(Hour) 21E. INJURY OCCURRED While At Not While At Work		RY OCCUR?	
that (I) (we)	ast saw the deceased	attended the deceased from falive an February 131 d abave. (1) (We) (dtd) (did nat)	2 19 66 and that		death accurred on the date
23A. SIGNATUR		to to the fact that the fact t	The ode, after death,	[23 B.	DATE SIGNED
Win	Conway	Phy	s. Oirector P	toff hys. 2	12/66
NAME (Ty	Conway	м.о.	8358 Loch R	even Blod To	owson 26/2/200
24A. BURIAL CREM	ATION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION ICITY, to	wr., or county) (State)
REMOVAL (Sp Burial	2/5/66	Mifflinville Mifflingville Co		mbia Co. Pa.	
25A, DATE REC'D	4000	SB. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		AODRESS
EFE A	19hh (1 (7)	m San when I have the	Lim Cook - Dwook	C Tac 1217 C	+ Dout C+ 212

Cook-Brooks Inc. 1217 St. Paul St. 21202

V.S. 153 and letter from Social Security for date of birth 2-18-66 M.H.

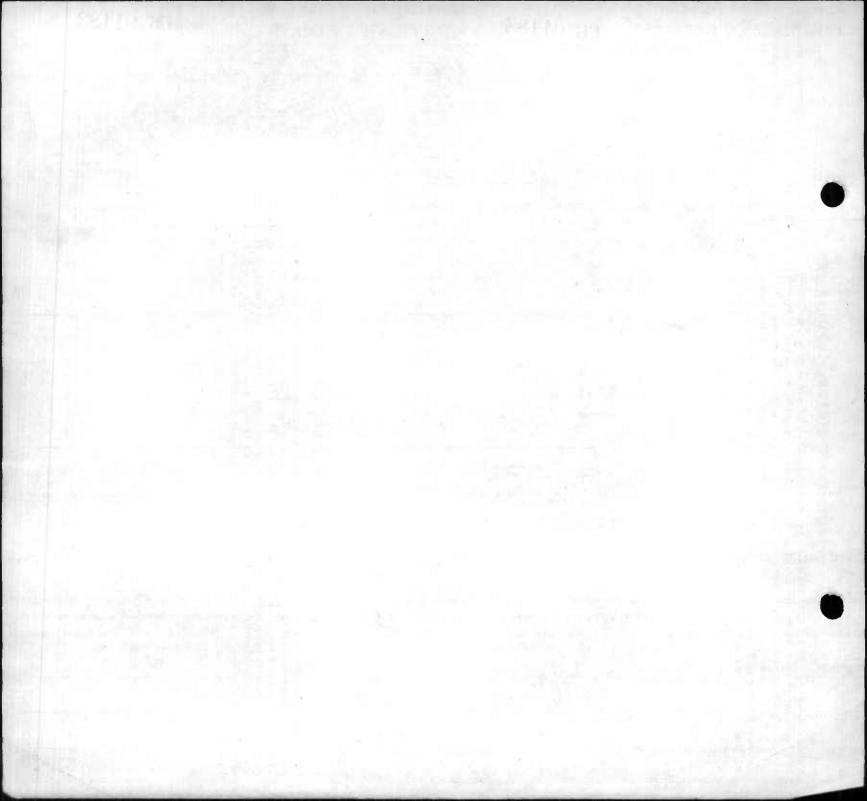
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

		Y HEALTH DEPARTMENT		
BIRTH NO. 66 0118	CERTIFICA	TE OF DEATH	Registered No	66 01182
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Type or Print) Ruby Anna	a Demetro	2/1/66		3:30 R
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where	deceased lived. If in	stitutian: residence befare admission
FULL NAME OF (If not in hospital	or institution, give street	Maryland	2	-1
HOSPITAL OR oddress or locatio		C. CITY OR TOWN (If outside	le city limits, write I	RURAL and give township)
Nestronon .		Baltimore		
242 S. Broadwa	ay	D. STREET ADDRESS (If rure	ol, give location)	
		242 S. Broadwa	У	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hr. Manths: Doys Hours Min.
Female White	Widowed	July 20, 1875	90	
10A. USUAL OCCUPATION (Give kind of wor		11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)				
Housewife		Massachu		U.S.A.
Wando Maraina		Lala ?		
15. Was Deceased Ever in U. S. Armed Fo (Yes, no or unknown) (III yes, give wor or date	rces? es al service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	None	Sam Demetro	242 S. Bro	adway
18. 420.1		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI				
LEADING TO DEATH	(A)	ORONARYUC	CLUSIP	y 10 days
(This does not mean the mode of heart failure, asthenia, etc. It means				
injury or complication which coused	death.)	herosclerosi	C	unknown
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if				
rise to the above cause (A) UNDERLYING CONDITION last.	stating the (C)	\$		tada an taga an a an ana ana an an an an an an an a
O OTHER SIGNIFICANT CONDITIONS				
TO THE DEATH BUT NOT REL				
19A. DATE OF OPERATION 198. CON	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE F	FINDINGS CONSIDERED
[N]				
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21 C. WHERE DID	(II in Bottimore	City, give exact location)
DEATH (notily medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?	
E (APPROX.)	While At Not Wh			
20 1 1/4 1 1 1 1	-+		66 10 Fel	11
22. I certify that (I) (this hespite	TALO	1 . 6 / 11	•	/
that (I) (we) last saw the decease	ed alive an	1917 9 D and that	in (my) (our) api	nian death accurred on the do
	ted above. (I) (We) (did) (d id not)	view the body ofter death.		
23A. SIGNATURE				23B, DATE SIGNED
Harry Linde			oll sys.	Feb. 2, 1966
23C. PHYSICIATS NAME (Type)		23D. ADDRESS		1
HARRY LIN	DEN M.D	14 5. Broa	divay (21231
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CI	REMATORY 24D. LOC	ATION (Ci	ty, town, or county) (State)
REMOVAL (Specily)				
Burial 2/5/66 25A. DATE REC'D BY HEALTH DEPT.	Rosedale Cemet	ery Lind	len, N.J.	ADDRESS
EED A 1000 A O A	25B NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
FED 4 BOD V. Lee,	1 - 6 - 6 - 7	Wm. Cook-Brooks	s Inc. 1217	St. Paul St. 212
VS 150-REV. 1/1/65	4 4 4 4			

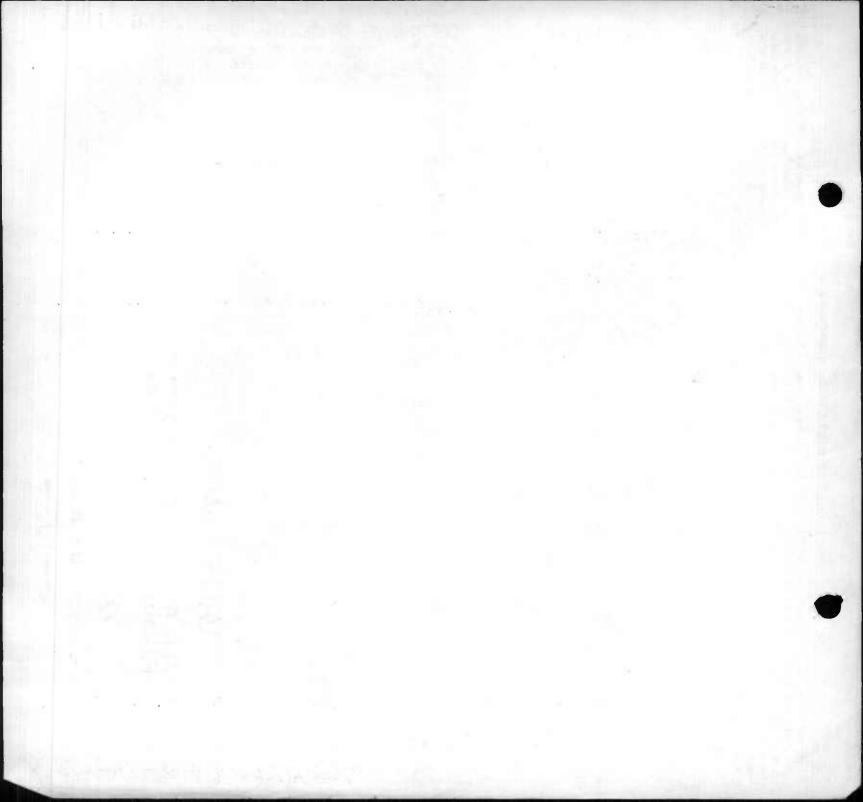
The second secon

	130 131	107
Registered	No.66 01	100

BIRTH NO. M.E. CASE NO. 66 01183	CERTIFICA	TE OF DEATH	Registered No	6 01183
1. NAME OF DECEASED (Type or Print)	GREEN	2. DATE AN	D HOUR OF DEATH	434P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institut oddress or locotion)	77.	A. STATE B. COUNTY	AND	stitution: residence before admission
104 WI HENRI	ETTA ST.	BALTIM	TURE Turol, give locotion) HEINER	TTA ST
	RIED! NEVER MARRIED DWED, DIVORCED (specify)	8. DATE OF BIRTH 7-24-1893	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN) done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore)	gn country) AROLINA	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME (INKNOW)	N.	14. MOTHER'S MAIDEN NAME OF MICH.	NOWN	The Later Control
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	security no.	ADA B. GR	EEN 104	ADDRESS WHENRIETTA
DISEASE OF CONDITION DIRECTLY	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the made of dying, heart failure, asthenio, etc. It means the dise injury or complication which caused death.)		eterns do	105/1	8 cm
ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, gi rise la lhe above couse (A) sloling UNDERLYING CONDITION last.	ving Ihe (C)	very 17		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE			
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Baltimore	City, give exact locotion)
Z1D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work		URY OCCUR?	
22. I certify that (1) (this hospital) attend that (1) (we) lost saw the deceased olive	on Mrs 3		19 LZ to JG at in (my) (our) opin	nlan deoth accorred an the do
ond hour and from the causes stated above 23A. SIGNATURE		ending Med.	Staff Phys.	238. DATE SIGNED Feli 2, 1466
23C. PHYSICIANS NAME (Type) A SUBJAN COSSANTION OF DATE	Luck, M.O.	4275WA	le Ron	d. BAHO 25 Kg
BURIAL 2-4-66	ME OF REGISTRAR	UBURN 24D. L	BALTO	y, jown, or county) (Stote)
	Sally MO 0	I.4 BROW	3 1 1 100	23 W. MONTGOME



	RING)		BALTIMORE CITY	HEALTH DEPARTMENT		110 01101
	BIRTH NO.	6 01184		CERTIFICA	TE OF DEATH	Registered No	66 01184
	I. NAME OF DECEASE	0 - 2 - 0 -		*		AND HOUR OF DEATH	
	Type or Printl	ROSS,	Edward		2	/1/66	5/15 P.M.
	FULL NAME OF	(If not in hospital		ive street	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If ins	stitution: residence before odmission)
	HOSPITAL OR	oddress or location)		C. CITY OR TOWN (If	outside city limits, write R	URAL and give township)
-	1	BALTIMORE 4940 Easte			BALTIMORE	401	
1	/	Baltimore,				(If rurol, give location)	
	5. SEX 6. R				B. DATE OF BIRTH	19. AGE (In years	If Under 1 Yr II Under 24 Hrs.
	Male	Negro	WIDOWED W:	divorced (specify)	3/15/90	10st birthdoyl	If Under 1 Yr. II Under 24 Hrs. Months; Doys Hours Min.
	Bu Tens	ng life, evan if retired)	IOR KIND OF	BOSINESS OK INDUSIKI	NORTH CAR	,	U.S.A.
	13. FATHER'S NAME	0			14. MOTHER'S MAIDEN	NAME	
	Willie	KORS				7	
	15. Was Deceased Eve (Yes, no or unknown) (If	in U.S. Armed For yes, give wor or dote	ces? s of servicel	16. SOCIAL SECURITY NO.	17. INFORMANT RECORDS: BCH	4940 Eastern A	ADDRESS Ave.,Balto.Md.21224
		X I	ECTLY	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
		DING TO DEATH	dvina e a	(A)(erebral	Thrombo	su acute lerus;
	heart failure, osth	nenia, etc. II means alion which caused	the disease,	500.10			
		ECEDENT CAUSES	oedin,/	(B)	erebral	arteriose	leras:
		CONDITIONS, if	nnv nivinn	DUE TO			
	rise to the o	bove cause (A)		(C)			
	UNDERLYING C	ONDITION Tast.				3	
	E TO THE DEAT	ANT CONDITIONS C H BUT NOT RELA NOTION CAUSING I	TED TO THE				
		ERATION 198. CON WAS PERI	DITION FOR V	VHICH OPERATION	NO NO	No) 208. IF YES, WERE F	INDINGS CONSIDERED
	OR CONTRIBUTION DEATH (notify men	WAS UNDERLYING G CAUSE OF	218. hom etc.l	e, form, foctory, street, of	n of about 21C. WHERE DID fice bldg., INJURY OCCUR	(If in Boltimore	City, give exact location
	_	onthi (Doyl (Yearl	(Hourl 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
	(APPROXI		Whi	le At Not While			
	22. I certify_tha	t (1) (this hospital) oftended th	ne deceased from	7/17	1965 to 2	11 19 66.
	that (1) (we) has	sow the decease	d alive on	2/1	19 66 and	that in (my) (Qur) spir	nion deoth occurred on the dote
					iew the body ofter deot		
	23A. SIGNATURE			32			23B. DATE SIGNED
	1/1/1	hus D	1000	M.D. Atte	nding Med.	Stoff Phys.	0012/1/66
	22 C. PHYSICIAN'S	-10	000	the but	23D. ADDRESS	//	91000
6	NAMENTO	EFFREY D. A	ARONSON	M.D.	4940 Eastern	Avenue, Balto	.Md21224
	REMOVAL (Spec	110N, 248. DATE	24C. NA	LOIVE (Jemi /		y, lown, or county! (Stote)
	ZOAY WATE REC'D BY	HEALTH DIPT.	25B. NAME C	F REGISTRAR	25C. FUNERAL DIRECT	2 110/1/	ADDRESS 3/99
	VS 150-REV. 1/1/65	190p (R	2. 8 8	CONTRACTOR 1	THUMANNA TA	unival Name	- schwolan st



deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.

Such

0

prior

attendance on the death.

			BALTIMORE CITY	HEALTH DEPARTME	NT	00 01105
	H NO. 66 U1	185	CERTIFICA	TE OF DEAT	H Registered No	66 01185
	AME OF DECEASED			lo DA	TE AND HOUR OF DEATH	
	e or Print)	· · · · · · · · ·	Tandon	2. 0 4	/ Da	11 0151
3. P	LACE OF DEATH IN BALTIM	ORE, MARYLAND	· LAYLOR		(Where deceased lived. If ins	tilution residence before admission)
				1	COUNTY	71-24
۱		hospitol or instituti or location)	on, give street	C. CITY OR TOWN	AND (If outside city limits, write R	URAL ond give township)
. /	/			BALTI	MORE	
4	BON SE	OURS	HOSPITAL	D. STREET ADDRESS	(If rural, give location)	
/_				4000	HOTFMAN.	STREET
5. S	EX 6. RACE		WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
.63	M. W	ad at week 200 Minute	MIDOWED	3-30-189	1/.3	
	USUAL OCCUPATION (Give kine during most of working life, even		STEEL	11, BIRIMPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	RETIRED		UNENCLUN	WEST	VIRGINIA	U.S. A.
13.	FATHER'S NAME THOMAS	SOFFER	SON BROWN	14. MOTHER'S MAIDE	N NAME ELITARE	TH J. POLANO
	-th	KNOWN			LINKNOWN.	
15. \ (Yes	Nas Deceased Ever in U. S. A ,no or unknown) (If yes, give w	or or dotes of services	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		INKNOWN		-BROTHER.	JOE BROWN	[EL 327 1326
	18. 609XI		CAUSE O			INTERVAL BETWEEN
	DISEASE OR CONDIT		<i>a</i>			ONSET AND DEATH
	LEADING TO		(A) COM	GESTIVE HEAR	T FAILURE	
	(This does not meon the heart foilure, astherio, etc.	II meons the disec	ose,		·	ABOUT
	injury or complication which		(8)	IRFMIA	E RENAL 7410	TIPE / INDAUS
	ANTECEDENT		DUE TO	4.1.55	C KONTE PAR	Ape I was
	rise to the obove cou		ing The (C) / 181	NARY TRACT	INFECTION	AFFWMNIHS
	UNDERLYING CONDITION		····	1112/11/21/2	220.7.9	- TUNITURE
_	- 11			-		
ō	DTHER SIGNIFICANT CONDI	OT RELATED TO	TING			
CAI	DISEASE DR CONDITION CA		OR WHICH OPERATION	120A A 1170BCV2 (V	or No. 208, IF YES, WERE F	NIEW CONCIDENCE
CERTIFICATION	O OPERATION	WAS PERFORMED	OK WHICH OPERATION	No	IN CERTIFYING CAU	
EDICAL C	21 A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSI DEATH (notify medical examin	OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE INJURY OCC	DID (If in Baltimore U.R.)	City, give exact location)
EDI	21 D. TIME (Month) (Doy	Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
Z	(APPRDX)		While At Work Not While At Work			
	22. I certify that (1) (this	tospital) attende		2	1966 10	1-30- 10/1
	that (1) (we) Jast sow the		1			lan death occurred on the date
	ond hour and from the cou					death occurred on the date
	23A. SIGNATURE	()	b (I) (we) tald) (ald libi) t	riew the body diter d	euin.	23B, DATE SIGNED
	12. 11	APP 1	M.D. All	ending Med.	Stoff	1-30-104
	23C. PHYSICIAN'S	- 1 000	Phy	s. Director	Phys.	00-1700
	23C. PHYSICIAN'S NAME (Type)	U. F	ARK M.D.	BON SECO	URS MOSDIT	AL
24A	BURIAL CREMATION, 248, REMOVAL (Specify)	DATE 240	NAME of CEMETERY OF CR	EMATORY	24D. LOCATION / (City	y, town, or county) (Stote)

Burial 2/4
25A. DATE REC'D BY HEALTH DEPT.
FEB 4 1966

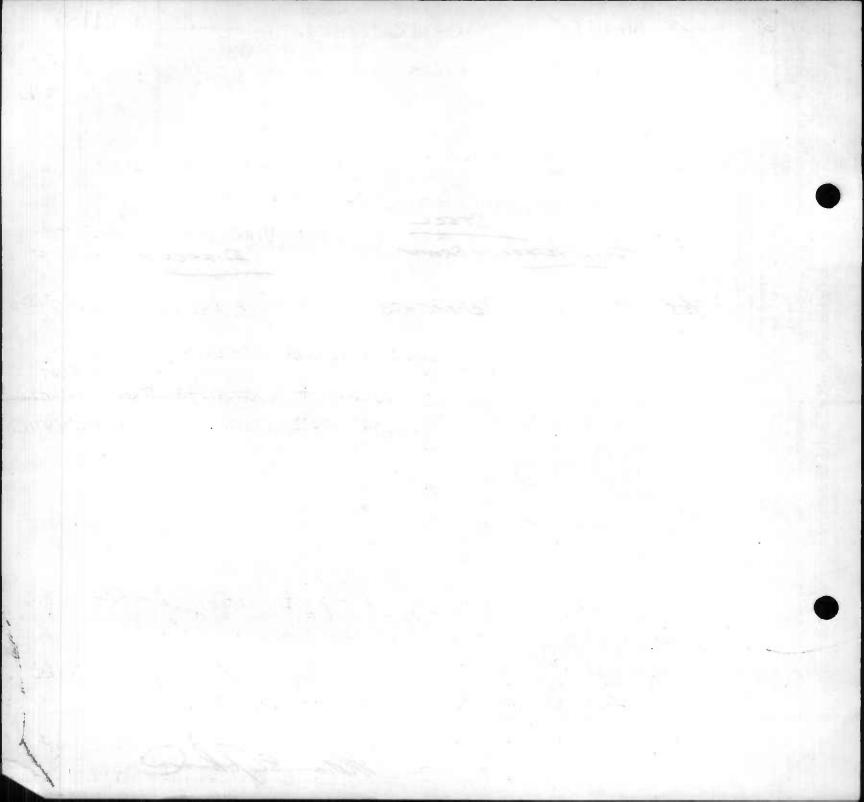
6 Baltimore N 1258. NAME OF REGISTRAN 66

National EUNERAL DIRECTOR

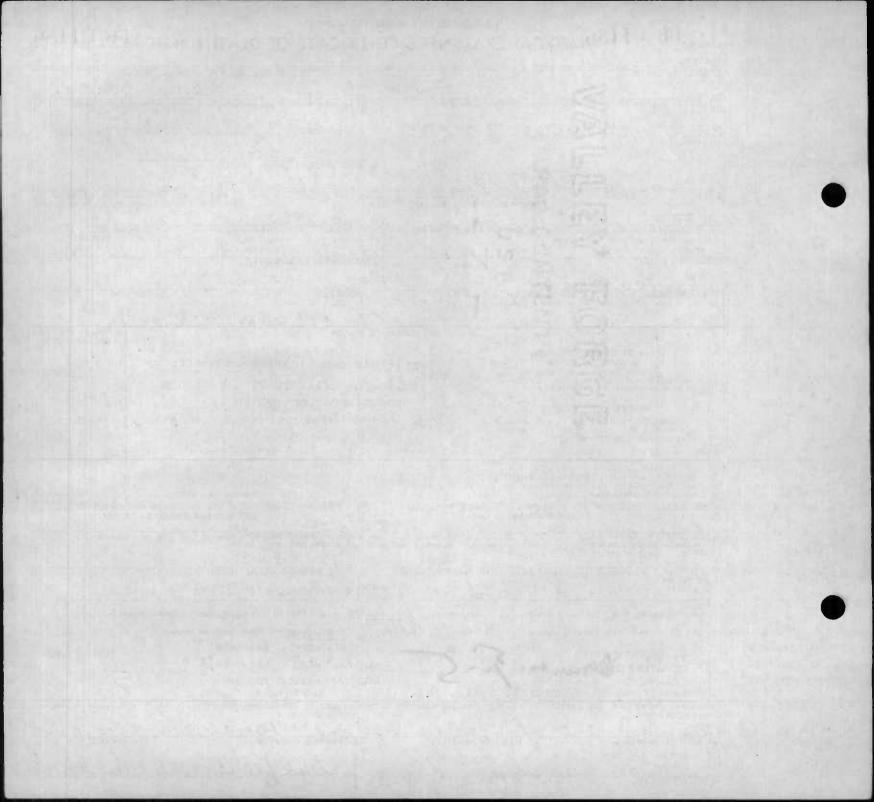
ADDRESS

Raven

VS 150-REV. 1/1/65

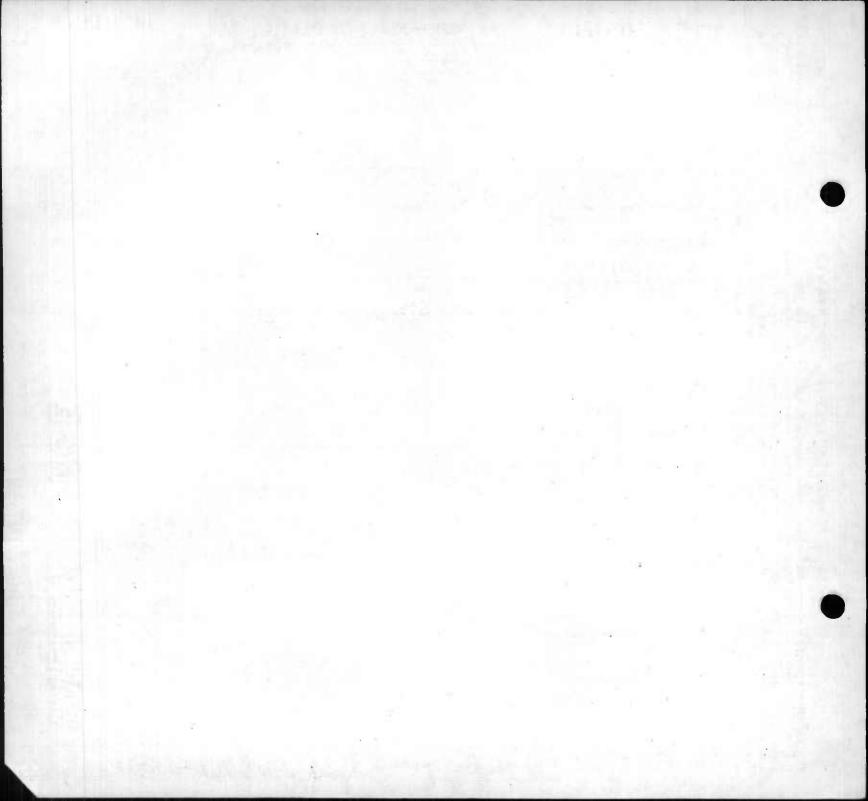


BIRTH NO.	6 01181	MEDI	CAL EX	AMINER'S CE	ERTIFICA	TE OF [DEATH Registe	ered No. 66 U1186
M.E. CASE N								
1. NAME OF	DECEASED	NAME				2. DATE AN	D HOUR PRONOUNC	
			Alma	D. Brown			1/28/6	M.
3. PLACE IN	BALTIMORE, MAR	YLAND, WH	ERE PRONOU	NCED DEAD	4. USUAL RESID	ENCE (Where	deceased lived. If inst 8. COL	hitution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			C. CITY OR TO		e corporate limits, write	RURAL ond give township)		
0					D. STREET ADD	Baltimor		
U	7	, ,	11 0		D. SIREEI ADD			
5. SEX	lo. RACE		well_St	NEVER MARRIED	B. DATE OF BIRT		g. AGE (In years	If Under 1 Yı, If Under 24 His.
				IVORCED (specify)	o. DAIL OF MAI		lost birthday)	Manths Days Haurs Min.
fema!		ored	SIN	8-10	10-3-	1932	33	
	OCCUPATION (Give st of warking life, eve		OB. KIND OF	BUSINESS OR INDUSTRY	II. BIRTHPLACE	(State or toreig	n country)	12. CITIZEN OF WHAT COUNTRY?
Nur	ses Aid		HOS	pital	Baltin	pore,	Md.	ZIS, A.
13. FATHER'S	NAME				14. MOTHER'S M	AIDEN NAM	E	
Cha	nles B	now.	N		Olivia	a. Bu	nnell	
	EASED EVER IN U			16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
1163, 110 01 0116	nuwin yes, give	wai or doles	OI SEIVICE!	JECORITI NO.	A1'.	12 - 011	10004	BONDS+
118	1 1			CALLE	OF DEATH	SYOW	N 1700N	INTERVAL BETWEEN
6	3/1/			CAUSE	OF DEATH			ONSET AND DEATH
D	ISEASE OR CON	DITION DIR	ECTLY	Contin	omia oomn	liontin	a andomatri	tic
(This o	does not mean the	e mode of	dying, e.g.,	12/18/18/18/0			g endometri	
heort f	ailure, osthenia, etc ar complication whi	ch caused d	the disease, eath,)	follo	owing del	ivery w	ith retaine	d
				pro	ducts of	concept	ion	
DISEA	ANTECENDE			(B)	Blood Los	S		
RISE T	SES OR CONDIT	USE (A) STA		DUE TO				
	RLYING CONDITI	ON LAST.		(C)				
<u>ō</u>								
OTHER TO T TO T OTHER TO OTHER TO T OTHER TO T OTHER TO T OTHER TO OTHER TO T OTHER TO T OTHER TO T OTHER TO T OTHER TO T OTHER TO T OTHER TO T OTHER TO OTHER TO T OTHER TO T OTHER TO T OTHER TO T OTHER TO OTHER TO T OTHER TO T OTHER TO T OTHER TO T OTHER TO T OTHER TO T OTHER TO OTHER TO OTHER TO OTHER TO OTHER TO OTHER TO OTHER TO OTHER TO OT	II SIGNIFICANT CO		ONTRIBUTIN	G				
E TO T	HE DEATH BUT			1E				
₩ 19A. DA				HICH OPERATION	20A. AUTOPSY	(? (Yes or No)	20B, IF YES, WERE FI	NDINGS CONSIDERED
0 2		WAS PERF	ORMED		ye	S	IN CERTIFYING CAU	SES OF DEATH?
Z 21 A. EXT	ERNAL CAUSE WA	AS	21 B. P	LACE OF INJURY (e.g., i	n at about 21C. V	WHERE DID	Ilf in Boltimare City, gi	ve exact location)
UNDERLY	CAUSE OF DEAT	B-	hame,	farm, factory, street, o	hice bidg., INJUR	Y OCCUR?		
7				home		4 Carsw		
OF INJU	RY	Day) (Yeo)		E. INJURY OCCURRED		JUNI DIO WO	JRY OCCUR?	
(APPROX.	1	66	m. W	ORK NOT	ORK X i	nduced	abortion	
22.	certify that I h	ald an In		Income Aug	X	al ale an am ale:	to boots double to	
							is bosis, death in r	
	resulted from: N	lotural cau	ses A	ccident Suicide	Homici	ide X	Undetermined monn	er
100	***** A		5	7		EDICAL EX		DATE SIGNED
	NATURE LOS	Sac 1	1. 9n	M.D.	ASSISTANT M	EDICAL EX	AMINER A	
	AMINER'S	,,,,			ASSOCIATE N			1/28/66
NA	ME (Type)	Wern	er U. S	pitz, M.D.				
23A, BURIAL REMOVAL (S		B. DATE	230	NAME OF CEMETERY O	CREMATORY	23 D. L	OCATION (City,	, tawn, ar caunty) (Stote)
Bus 24A. DATE R	EC'D BY HEALTH	2 - 2 - DEPT.	66 N 24B, NAME 3	t. Calvar	Y CM TY	AL DIRECTOR	yre Arui	ydel Co. Md.
FE		6 0 0	1.58,0	Early MA	Roud	efolia.	Collick !!	UZF. ProstonC+
VS 151-REV.	1/1/65	1	7 6	6 0 3 7	1	1005	4,79	



FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT 86 01187 Registered No.__ CERTIFICATE OF DEATH I in a hospital and ng cause of death cause; (5) Deceased Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH LANDRES (Type or Print) HO 6 death. 3, PLACE OF DEATH IN BALTIMORE, MARYLAND RESIDENCE (Where doceased lived. If institution; residence before ance B. COUNTY BALTIMORE FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddross or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township attend 0 prior (If rurol, give focotion) contributing E. occurred BIDDLE STREET Undetermined is made. regular 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased Hours WIDOWED, DIVORCED (specify) lost birthdoy MALE NEGRO DIVORCED 10/19/07 59 BIRTHPLACE (Stote di foroign country) 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. 12, CITIZEN OF WHAT COUNTRY? death disposition = TIECE N 13. FATHER'S NAME MOS the 4 assistant if GRANT SMITH JEFFER I FS death kind; O 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 6. SOCIAL (Yos, no or unknown) (If yes, give wer or dates of service) or final SECURITY NO. attendance any INTERVAL BETWEEN pronounced ONSET AND DEATH or his Also, DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH erebiouasculas fracture (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. Il means the disease, the chief medical examiner regular examiner. injury or complication which coused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting the physician UNDERLYING CONDITION lost. the remains medical burns; MOS П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY3 (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before by 218. PLACE OF INJURY (o.g., in or obout 21C. WHERE DID home, larm, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 (If in Boltimore City, give exact location) where to the hospital °Z MEDICAL DEATH (notify modical examine) etc.) nature; by obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved Not While (except While At (APPROX.) Work At Work ; and any 22. I certify that (1) (this hospital) attended the deceased fram 66 pe that (I)((we) last sow the deceased olive an and that in(my) (aur) apinian death accurred an the date of death) a hospital and haur and fram the causes stated above. (1) (We) (did not) view the bady ofter deoth. must An accident 23A. SIGNATURE 238 DATE SIGNED Attending Phys. Med. Phys. M.D. 0 Director written approval 23C. PHYSICIAN'S 23D. ADDRESS prior certificate at NAME (Typo) TOp K 1/43 the body was 0 PHILIP XXXXXX BROADWA 21205 was D.O.A. 3 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY eceased REMOVAL (Specify) shows: 25A. DATE REC'D BY HEALTH DEPT.
FEB 4 1966 1966 T VS 150-REV. 1/1/65



D.O.A.

Was

deceased shows:

VS 150-REV, 1/1/65

cause; (5) Deceased

of death

cause

hospital

0 = Such

death.

prior

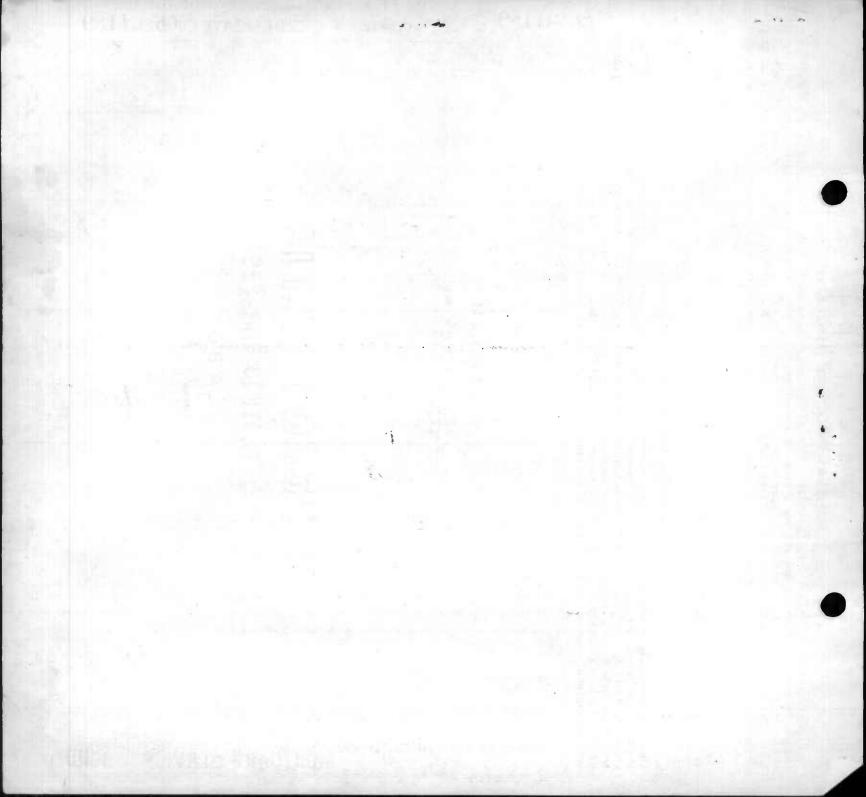
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ance

attend 0

VS 150-REV. 1/1/65

M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.) 11189
1. NAME OF DECEASED			HOUR OF DEATH	1 7 - 0
3. PLACE OF DEATH IN BALTIMORE MARYLAN	ASEL		27,1966	1 4: 20Pm.
3. PEACE OF DEATH IN BALTIMORE, MARILAI		A. STATE B. COUNTY	doceosed livod, if insi	titution: residence before odmission)
FULL NAME OF (If not in hospital or ins HOSPITAL OR oddress or location)	titution, give streel	MARCHLAND		2006
INSTITUTION		BALTIMORG	do city limits, write RU	JRAL and give township)
CATURCH HME &	HORPITAL		rol, give location)	
	.,-0,,,,,,	1744 3	KNK S	T
	ARRIED, NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
M WHITE "	SINGE	Sept 19,1893	73	
10A. USUAL OCCUPATION (Give kind of work 10B. 1 done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	1 Country)	12. CITIZEN OF WHAT COUNTRY?
UNKMOWN	UWKNOWN	POLAND		U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	7	
THOMAS NAS	EL	UNRA	journ	
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of s	1 6. SOCIAL SECORITY NO.	17. INFORMANT		ADDRESS
	JU KNOWN	PATIENT		
18.420,11 = 90	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL		Autor	2014	- Harre
(This does not mean the mode of dyin-	g, e.g., DA JOUE TO	INFARCTIO	TIVUIAL	T+ 1100(1)
heart failure, asthenia, etc. It means the a	diseose, dd	INFARCTIO	NUTTA	
ANTECEDENT CAUSES	Z N ZB) DUE TO DE	70076	ULMONANI	(ELEMP ->) HR
DISEASES OR CONDITIONS, if ony,	giving The	SUMPLICAL ZA	10300125	wing to cardine
rise to the above couse (A) statis	ng the S	L' is	10114	A forther
ll ll		771 - 011	MICIN	G
OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING TO THE CO	+ claars		
DISEASE OR CONDITION CAUSING IT.	N FOR WHICH OPERATION	[20A. AUTOPSY? (Yos or No)]	208 IE VEC WERE EI	NDINGS CONSIDERED
WAS PERFORM		TO A CO TO FST; THOS OF THOS	IN CERTIFYING CAU	SES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (o.g., in	or obout 21 C. WHERE DID	(If in Boltimoro	City give exect location)
DEATH (notify modical examiner)	homo, form, foctory, stroet, of	A Butter	Que &	Brook was
21D. TIME (Month) (Doy) (Year) (Ho	ut) 21E. INJURY OCCURRED	21F. HOW DID INJU		7
(APPROX.)	While At Work	- A. CO 1	12 - 11 -00	11 to a court
22. I certify that (I) (this haspital) atta	ended the deceased from	(h. 16 19	66 10 AN	1. 27 1966.
that (1) (we) lost sow the deceased ali	ve on Jan. 271		1///	ion death accurred on the date
and haur and fram the causes stated a	bove. (1) (We) (did) (did not) v			
23A. SIGNATURE				23B. DATE SIGNED
manue y	(an M.D. Atto	moding Mod. S S. Director P	toll hys.	1/27/66
23C. PHYSICIAN'S NAME (Typo)	1 -3 63	23D. ADDRESS	0. F	4x0172
MANOEL	J. AN M.D.	COURCH HOV	NP O	(1021114)
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Spocify)	24C, NAME OF CEMETERY OF CRE	MATORY 1249 LO	CATIONS . LE BICTIN	stown pr county) (Stoto)
	ICEAN	S HODEING ME	enical so	HOOL
	NAME OF REGISTRAR JULIA	25 STUNERAL DIRECTOR	V SEDVI	E R HI
FEB 4 1988 0 0 4 0	27/10/4 10 10	THOM TOAT	A DERVI	AF - DOUD

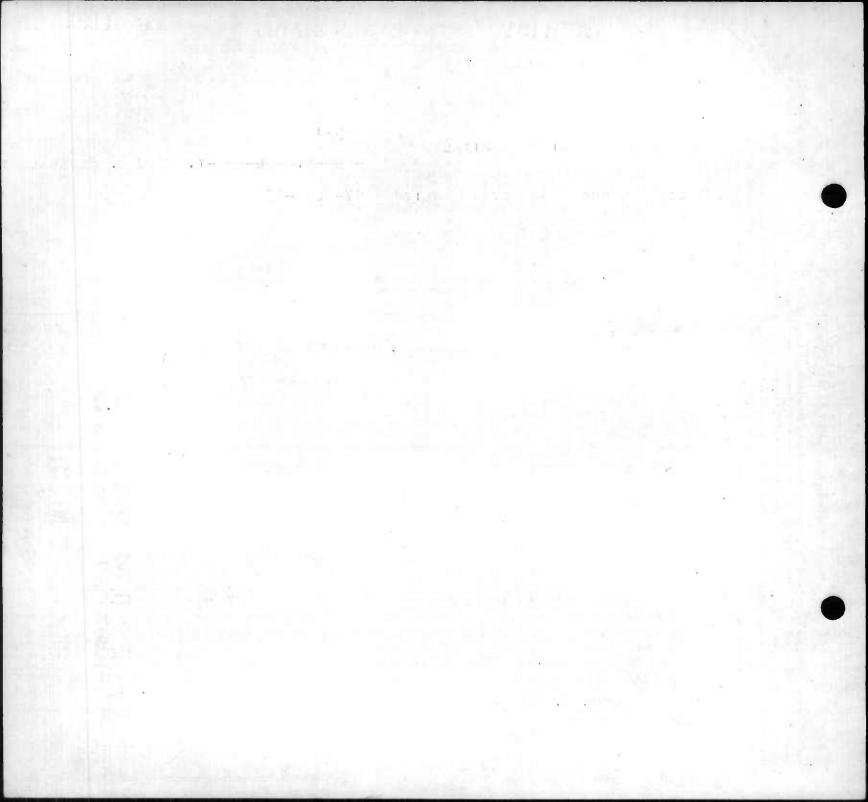


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

M-

1. 50 4	BALTIMORE CIT	Y HEALTH DEPARTMENT	/	0.011.
BIRTH NO. 44 MEST 66 111	190 CERTIFICA	TE OF DEATH	Registered No.	b 111190 —
M.E. CASE NO.		2 DATE AN	O HOUR OF DEATH	
(Type or Print)	and DAY	Tak	1 1 10/1	1 11 115 1
3. PLACE OF DEATH IN BALTIMORE, MA	ARYLAND BOY	4. USUAL RESIDENCE (When	e deceased lived. If in:	stitution: residence before admission
		A, STATE B. COUN	TY	1) Only
FULL NAME OF (If not in haspital HOSPITAL OR oddress or lacation	or institution, give street	MARYLAND		10000
INSTITUTION	in/			URAL and give township)
CHURCH HOME	MID HOSPITAL	BALTIMORE		0000
Charles Montes	no nospinie		ural, give location)	
		2960 SOLL	eks poin	STROAD
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years ost birthday)	If Under 1 Yr. If Under 24 Hrs Months: Ooys Hours Min.
M WHITE		130 1966	2015	21 6 15
A. USUAL OCCUPATION (Give kind of wor	108, KINO OF BUSINESS OR INDUSTR	11. SHRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even il retired)		len someten	10	
NONE.		TA MOTHER'S MADEN NA	A.E.	AMERICAN
Tallies a Halvie	Secretary and the second	MOTHER'S MAIDEN HAN	A E	
Was becoased Ever in U. S. Armed to	MERLING	HARLE 16	H V. F.	ICKUS
. Was Deceased Ever in U. S. Armed Ta es, no ar unknown) (If yes, give war ar dat	rces? 1 6. SOCIAL es of service) SECURITY NO.	17. INFORMANT		ADDRESS
es, no di onkilowin ili yes, give war ar adi	SECURITI NO.			
NO	CALLER	DE DEATH		(ALTERNATAL REPLACES)
762.01		OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY	to Partie y	RIT	0
	(A) 77	eccusis 1	crow Cerry	
(This daes nat mean the made of heart failure, asthenia, etc. It means	s the disease,	,		
injury ar camplication which caused	d death.)	Electasis, 7 Hyaline Mes	1 7	
ANTECEDENT CAUSES	(B)	regard our	moral ;	
DISEASES OR CONDITIONS, if		,		
rise to the above cause (A)				
UNDERLYING CONDITION last.				
11				
OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING				
DISEASE OR CONDITION CAUSING				
	NOTION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	208. IF YES, WERE F	INDINGS CONSIDERED
WAS TE	RIORMED		IN CERIFFING CAL	JSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID	(If in Baltimare	City, give exact lacation)
DEATH (notify medical examiner)	hame, farm, factory, street,	office bldg., INJURY OCCUR?		
	/// A	015		
21D. TIME (Month) (Day) (Year) OF INJURY		21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Nat Wh			
22 1	1))ottended the deceosed from	-30 AM Day 301	011 . 11 10	-AN TALT 10 //
that (i) (ve) fast saw the deceas	ed olive on 11.45 AH Fu	6.1 19 6.0 ond the	ot in (my) (our) opin	tion death occurred on the da
and hour and from the couses st	ted obove. (I) (We) (did) (did not)	view the body ofter deoth.		
23A. SIGNA VRE	14/01			23B, DATE SIGNEO
Muray /	M.D. At	tending Med.	Staff	- 101/
	Ph		Phy s.	FIRB. I 1966
23C. PHYSICIAN'S NAME (Type)	9/	23D, ADDRESS	unn or w	ADS/I ANII
	M.D.	LEITHER OTHER DO	AND UT N	IANILAND
AA. BURIAL CREMATION, 24B. DATE	24C NAME OF CEMETERY OF CE	REMATORY 24D., LC	CATION, TO GOIL	y, to wn, or noon (State)
REMOVAL (Specify) JAN 3	1356	TUNIVERSIFY	MEUICAL	SCHOOL
	1000			
SA. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	W CEDVIC	E - BCHD
EEB 4 1966 Color	TO COMMENT OF IT	MUKLUAK	I SERVIC	E - DOND
S 150-REV. 1/1/65		1 1 0 7		

TANK TOREST PRINT PERSON The Comment of the Parish armaj H MANYLAGY ALTRIAN RICHARD & PROBLEM PARLEMEN V. HAZINE a literate in the second of Literature Alia Part



	66 01192 BALTIMORE CITY HEA	ALTH DEPARTMENT
BIF		CERTIFICATE OF DEATH Registered No.
M.	E. CASE NO.	
IT.	NAME OF DECEASED	2, DATE AND HOUR PRONOUNCED DEAD
(1)	george barber	Feb. 1, 1966 3:50 P
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
IN	TITUTION	Baltimore X
1		D. STREET ADDRESS (If rurol, give location)
1	111 Hayes St.	111 Hayes St.
5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.
	ale negro widowed, divorced (specify)	73
	N. USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUST	FRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	George Bartier	unknown
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? So no or unknown),(If yes, give wor or dotes of service) SECURITY NO.	17 INFORMANT ADDRESS
110	i, no or unknowni, itt yes, give wor or dotes of servicer	Claudes D. Sampson 1128 Wigyle a
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	sure to cold
z	UNDERLYING CONDITION LAST.	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE ARTERIOS DISEASE OR CONDITION CAUSING IT.	sclerotic cardiovascular disease
CERT	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES YES
FDICAL	UTING CAUSE OF DEATH.	office bidg, INJURY OCCUR? 111 Hayes St.
Σ	OF INJURY (APPROX.) Feb. 1966 ? m. WHILE AT NOT AT	T WHILE X Found in unheated house
	22. I certify that I held on Inquiry Inspection A	ond that on this basis, death in my apinion
	Dr. # 77	CHIEF MEDICAL EXAMINER DATE SIGNED DATE SIGNED

ASSOCIATE MEDICAL EXAMINER

23D. LOCATION

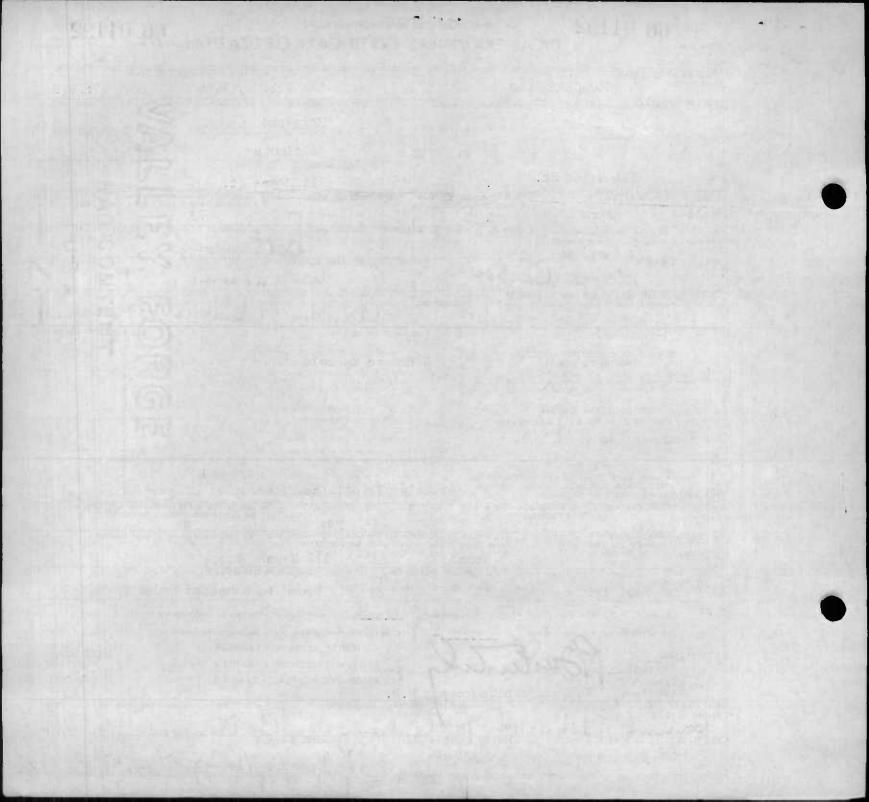
2-2-66

EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D. 23A, BURIAL CREMATION, REMOVAL (Specify) 23C. NAME of CEMETERY of CREMATORY

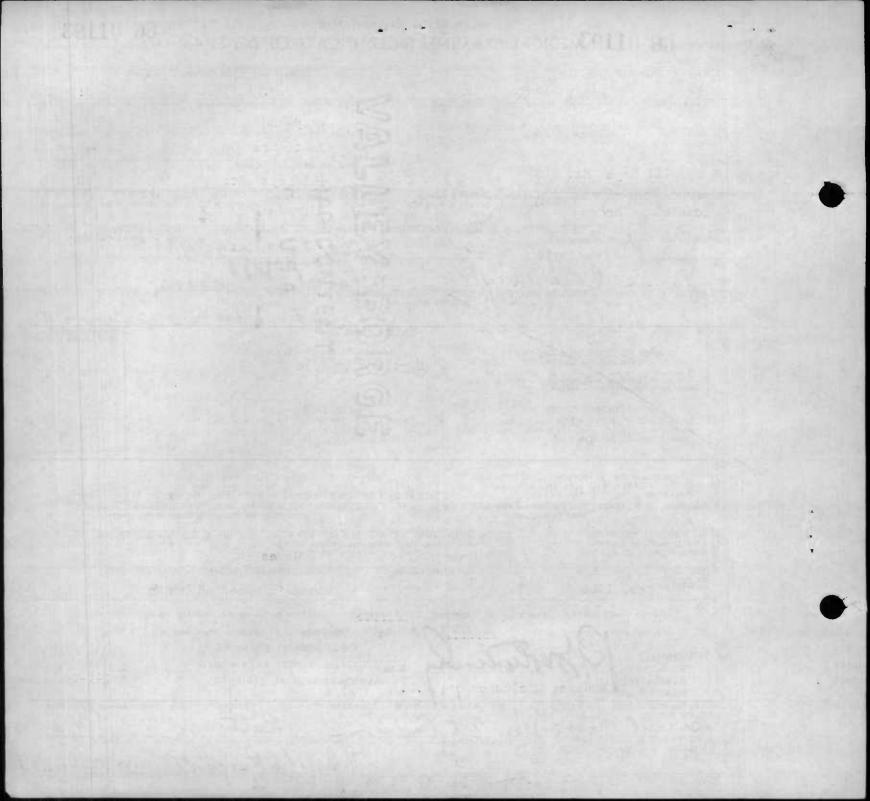
24C. FUNERAL DIRECTOR

(City, town, or county)

VS 151-REV. 1/1/65



		CERTIFICATE OF DEATH Registered No.
	. CASE NO.	2. DATE AND HOUR PRONOUNCED DEAD
(Тур	e or Print	
2 01	SARAH BARBER LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	Feb. 1, 1966 3:50 P _{M.}
J. FL		A. STATE B. COUNTY
FULI	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If autside carparate limits, write RURAL and give township)
INST	TOTAL OR ADDRESS OR LOCATION)	Baltimore
1	111 77 - 01	D. STREET ADDRESS (If rural, give lacation)
-	111 Hayes St.	111 Hayes St.
5. SE		B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days + Hours , Min.
f	temale negro WIDOWED, DIVORCED (specify)	Feb. 17-1931 lost birthday Manths Days Hours Min.
	USUAL OCCUPATION (Give kind of work) 0B. KIND OF BUSINESS OR INDUSTR	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. F	ATHER'S NAME	14. MOTHER'S MAIDEN NAME
	James Coursey	Blancha Johnson
	VAS DECEASED EVER IN U.S. ARMED FORCES? / 16. SOCIAL	Y7. INFORMANT ADDRESS
(Yes,	, nd or unknown) (If yes, give wor ar dates of service) SECURITY NO.	Co a welis M. Santson 112 & argule are
	IB. CAUS	SE OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH	osure to cold
	fThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	
	injury ar camplication which caused death.)	
z	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
의		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
E.		sclerotic cardiovascular disease
CER	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES YES
X	21 A. EXTERNAL CAUSE WAS 21 B. PLACE OF INJURY fe.g., home, farm, foctory, street,	g, in ar about 21C. WHERE DID (If in Boltimare City, give exact location) affice bldg, INJURY OCCUR?
	UTING CAUSE OF DEATH.	/11 Hayes St.
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	
	OF INJURY	T WHILE X Found in unheated house
	22.	Autapsy X and that an this basis, death in my apinian
		ide Hamicide Undetermined manner
	KIND (CHIEF MEDICAL EXAMINER DATE SIGNED
1	SIGNATURE MACHINE M.	D. ASSISTANT MEDICAL EXAMINER
	EXAMINER'S Rudiger Breitenecker M.D.	ASSOCIATE MEDICAL EXAMINER 2-2-66
23 A.	NAME (Type) REGET DESCRIPTION (T.D.)	Y or CREMATORY 23D. LOCATION (City, town, or county) (State)
REN	AQVAL (Specify)	B. H. m/
244	DATE DECID BY HEALTH DEST	124C, FUNERAL DIRECTOR ADDRESS
24A	TEB 4 1966 C.C. P. S. A. C. MANNE OF REGISTRAR	7/ Black P P C C C M O
VS	151-REV. 1/1/65	maggota 146311. Careel &
4.3	1 3 9 0 0 7	

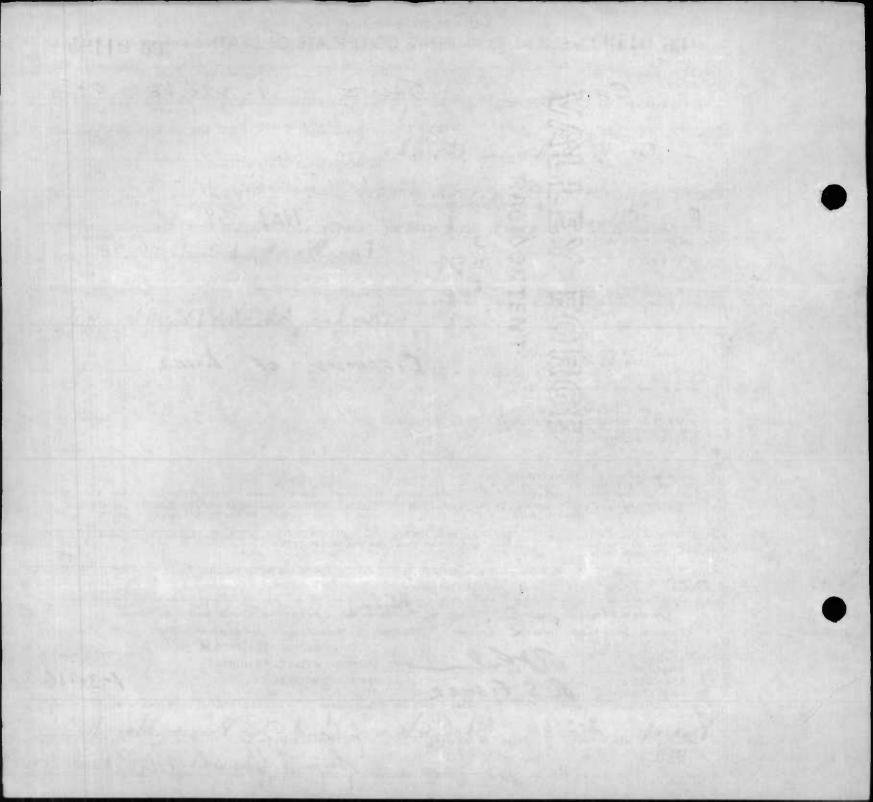


BALTIMORE CITY HEAL		11)
BIRTH NEG 01194 MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered	No. 11193
M.E. CASE NO.		() ()11.)1
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED	DEAD
MINERVA HECHT HECK	Feb. 1, 1966	12:37 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD CERTIFICATE AMENDED	A. STATE Maryland Maryland	an: residence befare admission)
HOSPITAL OR ADDRESS OR LOCATION) 4-5-66	C. CITY OR TOWN (If outside corporate limits, write RU	RAL ond give township)
INSTITUTION 4-5-30	Baltimore	3-13
	D. STREET ADDRESS (If rurol, give location)	7 0 0
Provident Hospital	2516 McCulloh St.	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	last birthday!	f Under 1 Yr. If Under 24 Hrs. Nanths Days Hours Min.
female negro Window	58	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	Thadustown Md	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Calant Jan	matt mati	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116, SOCIAL	17. INFORMANT A	DDRESS
(Yes, na or unknown), (If yes, give war ar dotes af service) SECURITY NO.	fi (1 Exole
220-14 60	a (Athrewis A mostly 194	no fountly
IB. CAUSE	OF DEATH	INTERVAL BETWEEN
4.06.000 / 1		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	solovotio condinuocoulou dica	
I links does not meen me mode of dying, e.g., Dile to	sclerotic cardiovascular dise	ase
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)		
AND THE CANADA		
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO		
RISE TO THE ABOVE CAUSE (A) STATING THE		
UNDERLYING CONDITION LAST.		
lo l		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING IT.	LOGA ALITOROVA (V N VOOD IE VEC MEET PINISI	NGC CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDI	
	no	
✓ 21 A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- 21 B. PLACE OF INJURY (e.g., home, farm, factory, street, or stree	in ar about 21C, WHERE DID (If in Boltimare City, give office bldg., INJURY OCCUR?	exact lacation)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. Contribution		
ZID INVIE (MIGNIN) (DOV) (Teon) (NOUN) ZIE. INVIOLED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) WHILE AT NOT NOT AT W	WHILE ORK	
22.		-1-1
	topsy and that an this basis, death in my	
resulted from: Natural causes X Accident Soigid		
May the	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE CONTROLLING	ASSISTANT MEDICAL EXAMINER XX	DATE STORES
	ASSOCIATE MEDICAL EXAMINER	2-2-66
EXAMINER'S Rudiger Breitenecker, M.D	ASSOCIATE MESTORE EXAMINENT	2 2 00
23A. BURIAL CREMATION, 238. DATE 23C. NAME at CEMETERY	CREMATORY 23D. LOCATION (City, tox	wn, or caunty) (State)
REMOVAL (Specify)	n P D D 11.	m
surial New 1-1960 Cerputus 1	My ark Daltimore	1/14
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	-ADDRESS
MEB 4 1966 O. C. S. E. J. M.	7 Buch	Jank , Just on
	161 Juggs / maggs	CO

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7-312

BALTIMORE CITY HE	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No. 11195
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET	C. CITY OR TOWN (If alside corporate limits, write RURAL and give township)
INSTITUTION South Ball: were Cred. He	D. STREET ADDRESS (If rural, give location)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lif Under 1 Yr. If Under 24 Hrs. Months, Days Hours Min.
IDA. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUST done during most of working life, even if retired) 13. FATHER'S NAME	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME
IS. FAIRLY NAME	TANGET NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
1) 39-10-396	ISE OF DEATH INTERVAL BETWEEN
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CO	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
V 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e., home, form, foctory, street, etc.)	g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location), office bldg., NJURY OCCUR?
OF INJURY (APPON.) OF INJURY (APPON.) WHILE AT NO	21F, HOW DID INJURY OCCUR?
22	Autopsy ond that on this bosis, death in my opinion
resulted from: Natural couses 🗹 Accident 🗌 Suic	cide Homlcide Undetermined monner
ACTUAL PHASE	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE EXAMINER'S NAME (Type) R. S FISHER	ASSOCIATE MEDICAL EXAMINER /-30-66
23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETER REMOVAL (Specify) 2-2-60 MT 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF RECISTRAR.	Y or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
VS 151-PEV 1/1/45	June Survey 11/2W. North Be



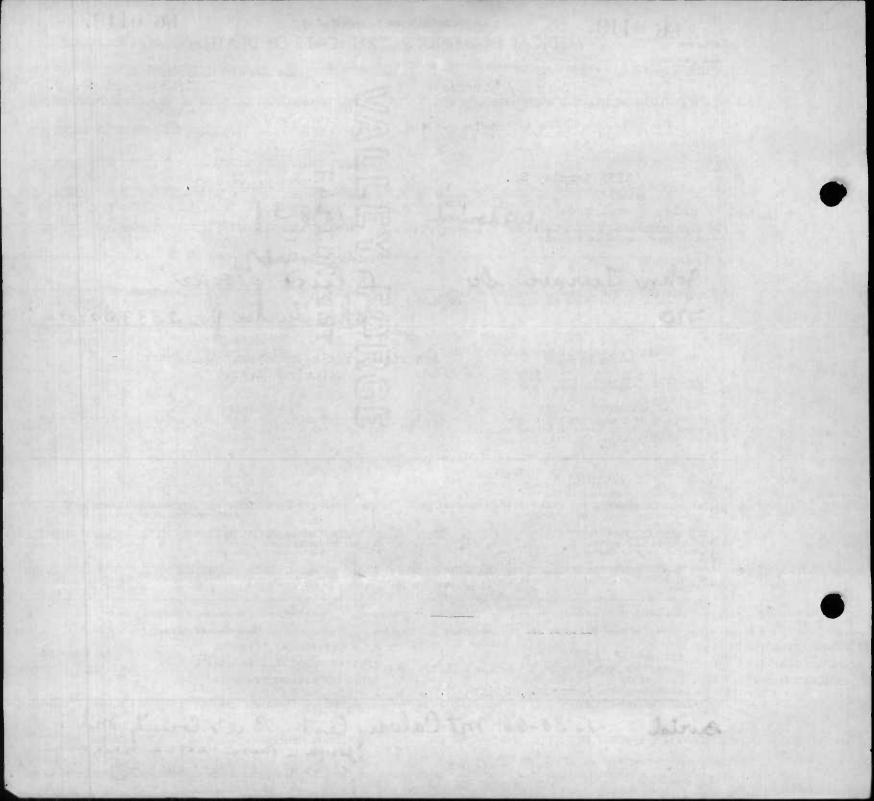
66 011	96 BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH Registered	No.66 ()1196
1. NAME OF DECEASED	Vacaar	2. DATE AND HOUR OF DE	1911 8125A
3. PLACE OF DEATH IN BAUTIMORE, MARYLAN	1 Eager	4. USUAL RESIDENCE (Where deceased lived.	If institution; residence before admission)
FULL NAME OF (If not in hospital or ins HOSPITAL OR oddress or location) INSTITUTION	titution, give street	C. CITY OR TOWN (If outside city limits, w	Write RURAL and give township)
11	; 1	BALTIMORT	
TUNION MEMORIA	+L HOSP.	723 W. 3429	"SX.
M. White "	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) DEPARATED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	Months Doys Hours Min.
IGA. USUAL OCCUPATION (Give kind of work 108. I Jone during most of working life, even if retired) A CH IN 151	ACHINERT CO.	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Albert YEAG	t R	Allee Hadge	-5
5. Was Deceased Ever in U. S. Armed Forces? res, no, or unknown) (III yes, give wor or dates of s	rervice) 16. SOCIAL SECURITY NO.	MRS. HELEN HA	ADDRESS ARRIS Same
18. 14 19 1 DISEASE OR CONDITION DIRECTL	CAUSE C	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dyin		aveinoma of lun	4 144
heart failure, asthenia, etc. It means the a	lisease,	0.1	
ANTECEDENT CAUSES	(B) OUE TO	Mcinoma of you	gue
DISEASES OR CONDITIONS, if any, rise to the obove couse (A) stati	giving		
OTHER SIGNIFICANT CONDITIONS CONTI			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORM U 21A. ACCIDENT WAS UNDERLYING	N FOR WHICH OPERATION	20A. AUTO SY? (Yes or No) 20B. IF YES, WIN CERTIFYING	VERE FINDINGS CONSIDERED G CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	n or about 21C. WHERE DID (If in Bol ffice bldg., INJURY OCCUR?	ltimore City, give exoct locotion)
21 D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.)	While At Work At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (this hospital) atta	ended the deceased from	12/28 196510	2/1 1968
that (m) (we) last saw the deceased ali	ve an 2//	19 ond that in (my) (our)	
and haur and from the couses stated a	bove. (1)-(We) (did) (did not)	view the bady ofter death.	
23A. SIGNATURE	M.D. Art		238, DATE SIGNED Feb. 1, 196
23C. PHYSICIAN'S NAME (Type) T. Hygon Chiefon	M. D.	23D. Address Union Memorial H	ogni+el
L. Ewan Custer	24C. NAME OF CEMETERY OF CR		(City, town, or county) (State)
Bures Feb. 6	6 St Marys (Hampden Ballimore	
FEB 4 1966 CL	NAME OF REGISTRAR	Tranh It.	leit 814W 3 63
VS 150-REV. 1/1/65	9 5 6 0 0	0 1 1 0 1	1

2/9/06 Primary Cat - Cat of Tropic.

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1		00	-

66	01197	BALTIMORE CITY HEA	LTH DEPARTMENT	66	5 01197
BIRTH NO.		ICAL EXAMINER'S C	ERTIFICATE OF	DEATH Register	ed Na.
M.E. CASE NO.					
1. NAME OF DE (Type or Print)	Joh	n Turner		1/27/66	10:45 p.
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If instit	tution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outs		
INSTITUTION			Baltim	ore	771
0			D. STREET ADDRESS (If rur		0
	2233 Barcla	y St.	2233 B	arclay St.	
5. SEX male	6. RACE colored	7, MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last bightay)	If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
IOA. USUAL OCC	UPATION (Give kind of wor	ATOR KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF
	working life, even if retired)				WHAT COUNTRY?
13. FATHER'S NAM	AF		14. MOTHER'S MAIDEN NA	M.F	
and	.1	l	000	1	
15 WAS DECEASE	ED EVER IN U.S. ARMED	FORCES? [16, SO CIAL	17. INFORMANT	Joyer	ADDRESS
(Yes, no or unknown	(If yes, give wor or dote	s of service) SECURITY NO.	100 7		2 0 0
no.			John Sur	ner br. 2.	333Barclay S
18.	43 X 1	CAUS	E OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DE	RECTLY	and and b	unortonaimo o	
/This does	LEADING TO DEATH	(A)	osclerotic and h		
heart failure	not mean the mode of , osthenio, etc. It means implication which coused	the disease,	vascular d	isease	
111017 01 00	implication which course	33			the little to the
	ANTECENDENT CAUSI	(B)			
RISE TO TH	OR CONDITIONS, IF A				
1 _ 3	NG CONDITION LAST.	(6)			
<u> </u>	tl .	(0,111111111111111111111111111111111111			
O THE	NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO THE			
OF 19A DATE O	F OPERATION CAUSING	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	a) 208 IF YES WERE FIN	DINGS CONSIDERED
O NATE O	WAS PER		no	IN CERTIFYING CAUS	
	L CAUSE WAS	21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	(If in Boltimore City, giv	e exect locotion)
UTING CAL	OR CONTRIB-	etc.)	office bldg., INJURY OCCUR?		
E 21D TIME	(Month) (Doy) (Yeo	t) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX.)			WHILE WORK		
22.					
				this basis, death In m	y apinian
rasu	Ited from: Natural co	uses 🔀 Accident 🗌 Suicident	de Hamicide	Undetermined manne	r 🔝
		. 7.6	CHIEF MEDICAL	EXAMINER	DATE SIGNED
SIGNAT		M. 200	ASSISTANT MEDICAL	EXAMINER A	
EXAMI	NER'S	r U. Spitz, M.D.	ASSOCIATE MEDICAL		1/28/66
NAME (23C. NAME of CEMETERY	or CREMATORY 23D	LOCATION (City,	town, or county) (State)
REMOVAL (Special		4 / / 70 + 0 0	0 4	0 1 0	4 6 1
Burial	1-3	0-66 mi Calv	ary Cem!	sall lou	nly ond.
24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECT	OR 2 4 2 2	h nock and
EER A	1000 0 0	20 7.0	Joseph Cit	VP-00	5/2 7/00
VS 151-REV. 1/1.	/65	TIZ TOMANIA	O 1 avene	1. GOTTON	Carrelley!
				1	

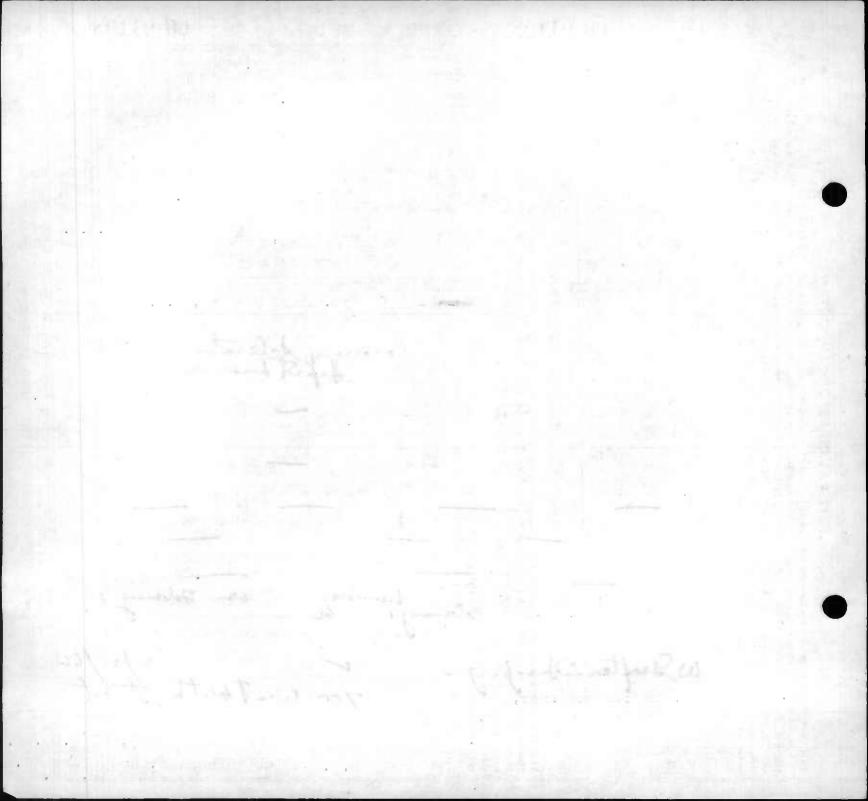


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				BALTIMORE CITY	HEALTH DEPARTMENT		
11	TH NO. E. CASE NO.	66 01	198	CERTIFICA	TE OF DEATH	Registered Na	3-01198
1, 6	AME OF DEC	MAYNARD, MIS	S MARV	HODE		AND HOUR OF DEATH	
3.	PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND	IIOI E	4. USUAL RESIDENCE (V.	There deceased lived. If	14:40 PM M. institution: residence before odmission)
	FULL NAME O	F (If not in hospital oddress or location		give street	700 W.	40th Street	RURAL ond give township
	NOITUTION						21211
# /	/	KECHTOK			Baltimore, D. STREET ADDRESS	(If rurol, give location)	21211
1/		KESWICK					
5.	SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
7	Temale	Caucasian		o, divorced (specify) ver Married	3/26/1880	lost birthdoy) 85 vrs.	Month's Doys Hours Min.
102	USUAL OCC	UPATION (Give kind of wark			11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?
		working life, even if retired)	week 71				U.S.A.
13.	Teacher FATHER'S NAM	ME	Edu	cation	Baltimore	Naryland NAME	
		D. Maynard			Mary Hill		
15.	Wos Deceosed	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Ye	No or unknown	(If yes, give wor or dote	es of service)	550-44-7948	Mrs. Trene	Packard, R	.N. Keswick
-	18.				OF DEATH	2 00101 01	INTERVAL BETWEEN
	hope of	SE OR CONDITION DI	PECTLY			0 0	ONSET AND DEATH
	Disca	LEADING TO DEATH	NE CILI	(A) Co	muris de	lerobe	3 Weeken
		not mean the mode of		DUE TO	01/0	ALLES IN	
		osthenia, etc. II means nplicalian which coused			Alepra	Pice	
		ANTECEDENT CAUSES (B)					
	DISEASES (DISEASES OR CONDITIONS, if any, giving					
		rise to the above cause (A) stating the (C) UNDERLYING CONDITION lost.					
		11	-				
Z		IFICANT CONDITIONS C					
ATIO	TO THE D	CONDITION CAUSING	ATED TO TH	1E			
FIC	19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
ERTIFIC	0 -						
CALC	21A. ACCIDE OR CONTRIBI DEATH (notify	NT WAS UNDERLYING UTING CAUSE OF medical examined	21 l hor etc		in or obout 21C. WHERE DIE office bldg., INJURY OCCUR	(If in Boltime	ore City, give exact location)
l o	21D. TIME	(Month) (Doy) (Yeor)	(Hour) 21 E	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
1	(APPROX.)		WI	hile At Work At Work	le 🖳		
	22	that (1) (this haspita		-	mental	1962 10 7	bruary 1 1966.
		last saw the decease		Jelmany 1	19 66 and	· ·	pinlon death occurred on the date
	ond hour on	d fram the couses sto	ted above. (1) (We) (did) (did hot)	view the body ofter dec	th.	
	23A. SIGNATU	JRE 4.4 - 4					23 B. DATE SIGNED
	111.4	rotton 2	ershe	M.D. All	ending Med. Director	Staff Phys.	2/2/66
	V. Gr		ger,	M.D.	700 W	est 40th	treet.
24.		MATION, 24B. DATE		AME of CEMETERY or CR		LOCATION (City, town, or county) (State)
	Burial	Specify)					
25		BY HEALTH DEPT.		St. Thomas !	Church	Garrison Fo	orest, Balto. Co. Mo
1	FEB 4	1986 0 0	R 0 9	2 7 44	H.W.Jenki	ns & Sons	Co. 4905 York Rd
	1 5	E 1900 (E.1/w.	The Carl	G. COPUID	0 1 0	47	Balto 12 Md.

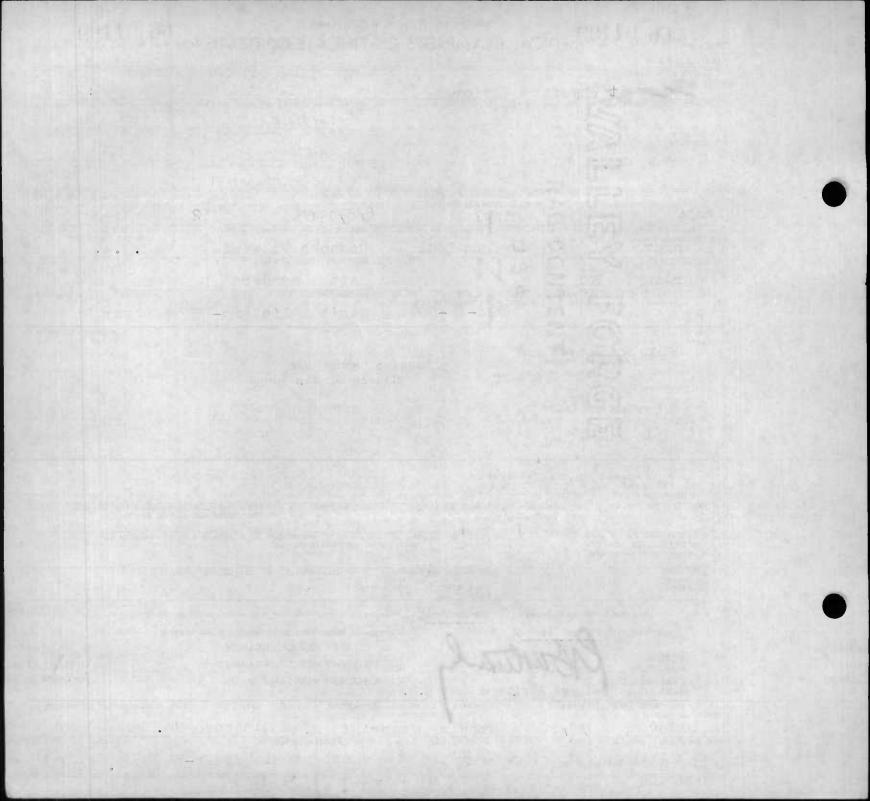
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VS 151-REV. 1/1/65

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BALTIMORE	CITY	HEALTH	DEPAR	IMENT

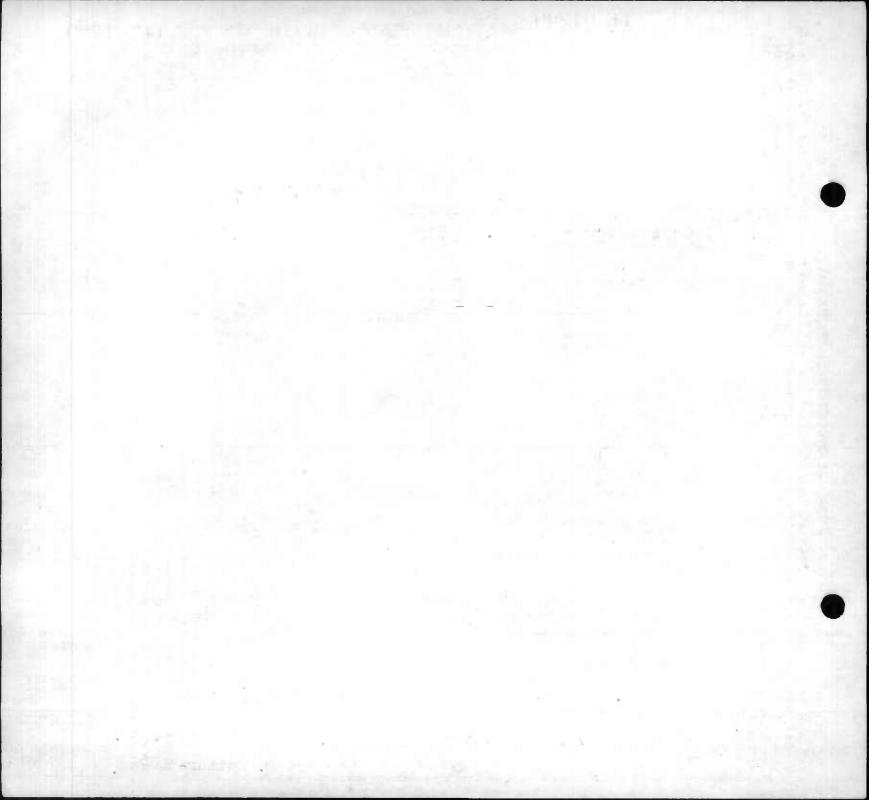
68	01199	BALTIMORE CITY HEAD		66 01199
BIRTH NO.	MEDI	CAL EXAMINER'S C	ERTIFICATE OF DEATH Reg	istered Na
M.E. CASE NO.	CEACED		2. DATE AND HOUR PRONOU	INCED DEAD
(Type or P		m		
ROOS	EVELT Theado	HERE PRONOUNCED DEAD	Feb. 2, 1966	4:30 A _M
3. PLACE IN BALI	MORE MARIEAND, W	HERE PRONOUNCED DEAD	A. STATE B.	COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET			Maryland C. CITY OR TOWN (If outside corporate limits,	write RURAL and give township)
HOSPITAL OR	ADDRESS OR LOCA	(HON)		
113 N. Chapel St.			Baltimore	0 0
, 110 11	· onaper ber		D. STREET ADDRESS (If rurol, give location)	
	T		113 N. Chapel St.	
	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In ye lost birthdoy)	ors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
male	negro	Single	6/3/1903 62	
		TOB. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	working life, even if retired)	Bus Terminal	Roanoke Virginia	U.S.A.
3. FATHER'S NAM	A E		14. MOTHER'S MAIDEN NAME	
Jordon	Taylor		Betty Saunders	
5. WAS DECEASE	D EVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT	ADDRESSRoanoke Va
Yes, no or unknown	(If yes, give wor or dote	s of service) SECURITY NO. 224-18-6876	Marie Taliafero-753	
		224-10-0010	Marie Tallareio-())	namover 50
18.	2 Y 1	CAUSE	OF DEATH	ONSET AND DEATH
RISE TO TH UNDERLYIN	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST	NY, GIVING DUE TO TATING THE (C)		
O THE	II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	LATED TO THE .		
. (/	WAS PERI	DITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
	L CAUSE WAS OR CONTRIB- SE OF DEATH.	218, PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltimore City office bldg., INJURY OCCUR?	y, give exact location)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Year		21F. HOW DID INJURY OCCUR?	
22.	tify that I held an I		tapsy and that an this basis, death	in my apinian
resul	ted fram: Nghiral car	uses X Accident Suicid	le Hamicide Undetermined me	anner
	VAI	2 //	CHIEF MEDICAL EXAMINER	
ACTUAL		Testitude	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNAT EXAMIN NAME (IER'S	Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER	2-2-66
23A. BURIAL CRE	71 -	23C. NAME I CEMETERY	CREMATORY 23D. LOCATION	City, town, or county) (Stote)
REMOVAL (Specify	y)		2 2	
Burial				
FEB 4	1966 Pares	24B, NAME OF REGISTRAR	Herbert E. Nutter-	3035 W. North A
				11 6 210 - 021 12



ee 01000	BALTIMORE CIT	Y HEALTH DEPARTMENT		
ыкти но. 66 01200	CERTIFICA	TE OF DEATH	Registered No.	66 01200
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	00 02000
Type or Print) CARRIE FR	ANCES HAS	TY 2-3	2-66	72010
PLACE OF DEATH IN BALTIMORE, MARYL		4. USUAL RESIDENCE (Whor	e doceosed lived. It in	stitution: residence before admissio
		4 4		11-2-
FULL NAME OF (If not in hospital or in HOSPITAL OR oddross or location)	nstitution, give street	C CITY OF TOWN III and	eido citu limite vuito	RURAL and give township)
INSTITUTION		BALTIM	A O E	NOVAL OILO GIVO NOVIISIIDI
0/11			rural, give location)	
University		2023 011	VISION S	+ - = +
	MARRIED, NEVER MARRIED		9. AGE (In years	T 1/ 11 1 3 9 1/ 11 1 0/ 11
FN	WIDOWED, DIVORCED (specify)	Jüly 17, 1887	78	Manths Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 108 one during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stoto or foroi	gn country)	12. CITIZEN OF WHAT COUNTRY?
Practical Nurse	Pvt. Family	Vergunia	,Staunton	1151
3. FATHER'S NAME	I V V COL CHILLY	14. MOTHER'S MAIDEN NAM	AE	1404
1 2000		Alan	4 44	
5. Was Doceased Ever in U. S. Armod Forces' es, no or unknown) liff yos, give wer or detes o	1 6. SOCIAL	17. INFORMANT	Walter	ADDRESS
		Δ .	-/	
NoNo	212-05-0719	Patient's	Haspital	Chart
18.600,0410024	CAUSE	OF DEATH	7	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIREC	TLY	1 1		
LEADING TO DEATH	(A) A	cute Pyelons	phvilis	50 days
(This does not mean the mode of dy heart failure, asthenia, etc. It means the	ing, e.g.,		1	
injury ar camplication which caused de				
ANTECEDENT CAUSES	(B)	***************************************		
DISEASES OR CONDITIONS, if any	, giving			
rise to the obove cause (A) slo UNDERLYING CONDITION lost.	oling the (C)	<u></u>		00 000000000000000000000000000000000000
0.0000				
OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING	-		
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE Probable	luberculo:	5 / 5	
19A. DATE OF OPERATION 198, CONDIT	ON FOR WHICH OPERATION	20A. AUTOPSY? IYos or No	208. IF YES, WERE	FINDINGS CONSIDERED
12-28-65 WAS PERFOR		NO	IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID		City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify modical examinar)	home, form, factory, street, etc.)	A NO		
D 21D TIME (Month) (Doy) (Year) (lour) 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S OF INJURY	While At Work Not Wh			
The state of the s			11/	
22. I certify that-(1) (this hospital) a	ttended the deceased fram	12-/6	19 6 5 ta	2 - 2 19.6.6
that (t) (we) last saw the deceased of	live on 2 - 2	19 6 a and the	at in (my) . (aur) api	nian death accurred an the d
and haur and fram the causes stated	above. (+)- (We) (dld) (did-not)	view the bady after death.		
23A. SIGNATURE				23 B. DATE SIGNED
Henry - Cl	M.D. At	tonding Mod. Director	Stoff Phys.	7 -7-61
23C. PHYSICIAN'S	conty Ph	23D. ADDRESS	Thys. Q	2 6 6
Henry A. Saionts	M.D	The days are days then 1	Hoenital	
			_	
REMOVAL (Specify) 24B. DATE	24C. NAME of CEMETERY or C	REMATORY 24D. L	OCATION (C	ity, town, or county) (State)
Burial 2/6/66	Arbutus Memor	ial Pk. Ba	ltimore Co	o. Md.
	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
EER / 1066 00 8-0	To Down a	Herbert E.	Nutter-3	035 W. North A

North

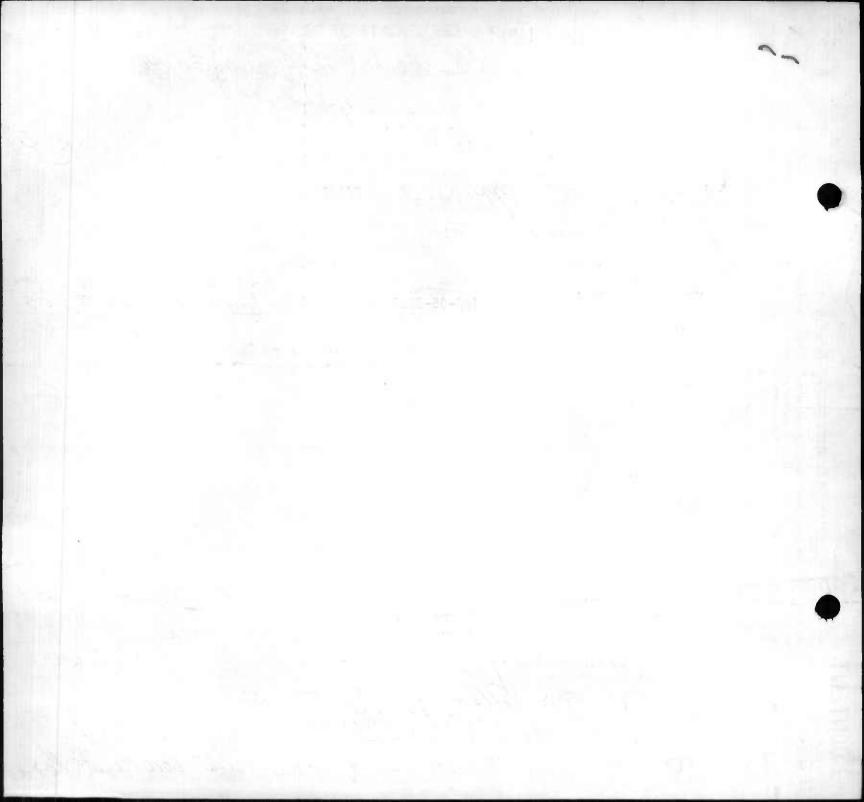
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THE PROPERTY STATES AND A STATE OF THE PARTY.

BIRTH NO. M.E. CASE NO. 066 0120	CERTIFICA	TE OF DEATH	Registered Na.	- 66 (112n2
M.E. CASE NO. 1, NAME OF DECEASED (Type or Print)	Nie a aleque		ID HOUR OF DEATH	10/6 91
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	Machin	4. USUAL RESIDENCE (When	re deceased lived. If in	nstitution: residence before admission)
FULL NAME OF (II not in hospital or institut HOSPITAL OR address or location)	// //	C. CITTOR TOWN	tside city limits, write	RURAL ond give township)
1 5805 Weste	in Klindhene	Sacellin	All jural, gigle location)	a ant D
	apar a -	5805 N	esternit	un White
male whole wing	NED, NEVER MARRIED WED DIVORCED (specify)	7/2/1897	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during met of working life even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHITA CE (Stote or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	coining	14. MOTHER'S MAIDEN NA	ME	us H
UNKNOWN		UNKNOWN	100	1 1 - 0 10
15. Was Deceased Ever in U. S. Armed Forces? (Yes 90 of unknown) (II yes, give war or dates of servi	162-05-3921/	Us, Hannah	Evischenbe	Mestersoften ome
18. 420 / I DISEASE OF CONDITION DIRECTLY	CAUSE O	F DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	e.g., DUF TO	onare oce	hesim	4 hours
heart foilure, asthenia, etc. It means the dise injury ar camplication which caused death.)				
ANTECEDENT CAUSES	(B)			300
DISEASES OR CONDITIONS, if any, gi rise to the obove cause (A) stating UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	ON CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, loctory, street, of etc.)	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(II in Boltimor	e City, give exact lacotion)
OF INJURY (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED While AI Not Whil	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	Work At Work		1955 to au	
22. I certify that (I) (this hospital) attend that (I) (was) last saw the deceased alive				inian death accurred an the date
and haur and fram the causes stated above			V	
23A. SIGNATURE	M.D. Atte	ending Med.	Stoff	2/1/66
23C.PHYSICIAN'S NAME (Type)	HERRX M.D.	23D. ADDRESS	ETC./IEZ	= Deut
24A. SURIAL CREMATION, 24B. DATE 24	C. NAME BENCH ZO	MOORY 24D. V	OCATION (C	city, town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OCREGISTRAR	25C/FUNERAL DIRECTOR	altyma	ADDRESS /
FEB 4 1966 Q.O. 5 E	Failmen Sa	e Legenson 19	12cts - 60	010 Resat Road



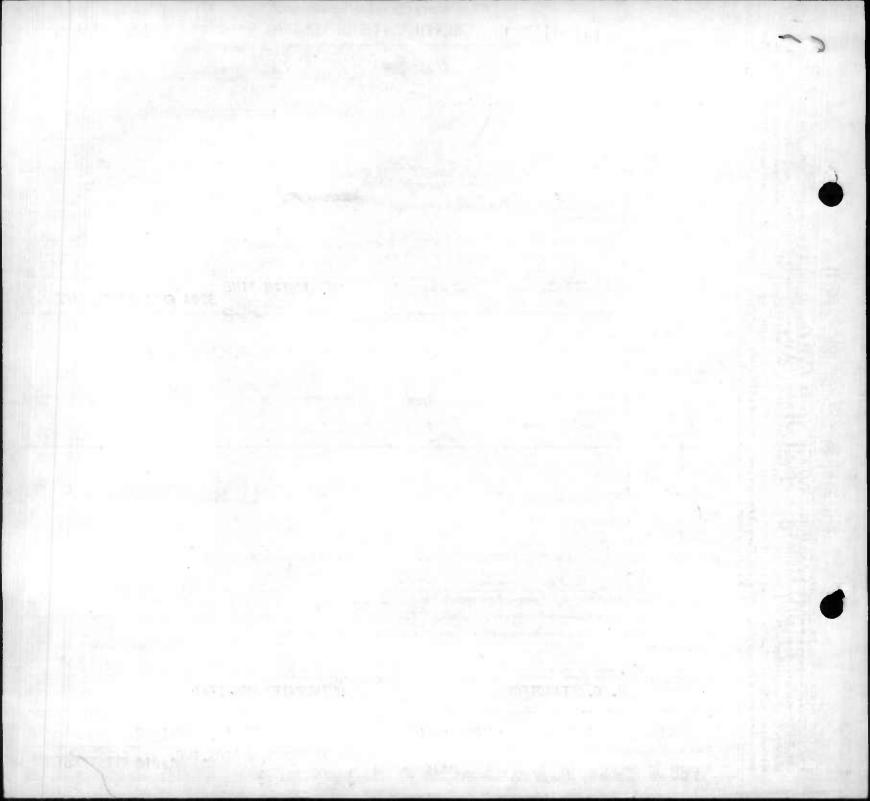
	CASE NO.	TE OF DEATH Registered No.	66 01203
(Туре	OF DECEASED OF PRINT TRULE PRITZICE ACE OF DEATH IN BALTIMORE, MARYLAND	2. DATE AND HOUR OF DEATH	1230 tion: residence before odmis
FU	LL NAME OF (fl not in hospital or institution, give street	MARYLAND	n. At
12	Sinai Hospital of Bulto In	D. STREET ADDRESS (If rurol, give locotion) 6503 LIBERTY RD.	53.70
5. SEX	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) SUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH 9. AGE (In years lost birthday)	Under 1 Yr. If Under 24 onths Doys Hours M
done	PROPRIETOR THERS NAME	RUSSIA	WHAT COUNTRY?
	LOUIS PRITZKER	ESTHER DORMAN	
15. W	os Deceosed Ever in U. S. Armed Forces? o or unknown) (If yes, give wor or dotes of service) 216-28-0752	MRS. ROSE PRITZKER 6503 LI	ADDRESS BERTY ROAD
() I	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not meen the mode of dying, e.g., eorl foilure, osthenio, etc. It meons the disease, njury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving	erelized Avternoiderosis	
CAL CERTIFICATION	THER SIGNIFICANT CONDITIONS CONTRIBUTING OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 10. A CCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF EATH (notify medical examiner) 218. PLACE OF INJURY (e.g., i have, lorm, loctory, street, o etc.)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIND IN CERTIFYING CAUSE! n or obout 21C. WHERE DID (II in Boltimore Cit	DINGS CONSIDERED S OF DEATH?
W (D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While A1 Not While A1 Work A1 Work		
2:	CC. PHYSICIAN'S NAME (Type)	view the body ofter death.	2 1 19 G B. DATE SIGNED 2 1 6 6
	BURIAL (Specify) 2/3/66 OHEL YAKOV	EMATORY 24D. LOCATION (City, 1) BALTIMORE,	own, or county) MARYLAND
25A.	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	SOL LEVINSON & BROS. INC. 60	ADDRESS 10 REISTERSTON

BALTIMORE CITY HEALTH DEPARTMENT

355777 CT

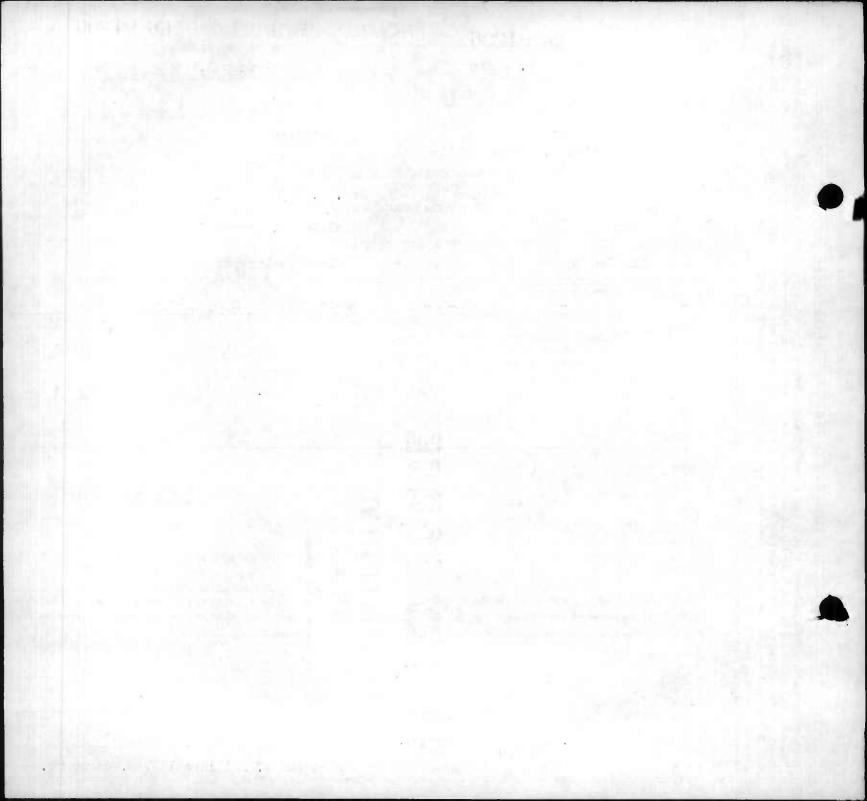
BALTIMORE	CITY	HEALTH	DEPARTMENT
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BIRTH NO. M.E. CASE NO. 66 U12	CERTIFICA	TE OF DEATH	Registered No.	OU OIGH
NAME OF DECEASED Type or Print)	e has a ste		ND HOUR OF DEATH	115
PLACE OF DEATH IN BALTIMORY MARYL	annie Iti	14. USUAL RESIDENCE Who	30/66	nstitution: residence before admissio
PEACE OF BEATH IN BACHMORY, MARKE		A. STATE B. COUR	TY	-> 0
FULL NAME OF (If not in hospital ar in hospital or in hospital ar	nstitution, give street	c. CITY OF TOWN (If or	tside city limits, write	RURAL ond give tow ship)
/		D. STREET ADDRESS (III	-e	
• 1 1 11.				7
University Ho		3204 C		
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 H Months Doys Haurs Min.
FEMALE WHITE DA. USUAL OCCUPATION (Give kind of work) 108	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE state or fare	ign cauntry)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)	AT HOME	Russia		
House w, Ce	IT! HOME	14. MOTHER'S MAIDEN NA	ME	USA
		4.4		
Tanghirwaldma i. Was Deceased Ever in U. S. Armed Forces	n	Reva Y	alowit.	z .
i, Was Deceased Ever in U. S. Armed Farces' es,na ar unknown\()(If yes, give wor ar dates a	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT JOSEPH	FINE	ADDRESS
410	Secretary .	Husband	27/1/	CHELSEA TERRACE
18. 7 / A V	CAUSE O			INTERVAL BETWEEN
DISEASE OR CONDITION DIREC	TI Y			ONSET AND DEATH
LEADING TO DEATH		Comphant Vers	1. A.	lad 15 hours
(This does not mean the made of dy	ing, e.g., DUE TO	Cevernar vasc	~ 16 F /7C610	lent 15 hours
heart failure, asthenia, etc. 11 means the	disease,			
injury or complication which caused de	ath.)	marcalanate C.	-disser di	
ANTECEDENT CAUSES	DUE TO	riosclerotic Ca	Paravesc, Gri	
DISEASES OR CONDITIONS, if ony	1.1.1.1			
rise to the above cause (A) sta		beles		
UNDERLYING CONDITION last.				
1				
OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDIT	10 THE Congestiv	e Heart f	ailme	
19A. DATE OF OPERATION 198. CONDIT	ION FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar N	a) 208. IF YES, WERE	FINDINGS CONSIDERED
D None WAS PERFOR	MED	NO	IN CERTIFYING CA	AUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,		(If in Baltimo	re City, give exoct locotion)
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet)	hame, farm, factory, street, a	fice bldg., INJURY OCCUR?		
DEATH (natify medical examiner)	erc.,			
21D. TIME (Manth) (Day) (Year) (I	Hour 21 E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	12.00
(APPROX)	While At Not While			
	Wark			
22. I certify that (1) (this hospital) a	ttended the deceased from	anery 30	1966 to JE	n 30 1966
that (1) (we) last saw the deceased of	olive on Jan 30	19 66 and t	hat in (my) (our) op	Inlan death accurred on the d
and hour and from the causes stated				
	above. (1) (we) (did) (did not)	view the body offer deoffi.		23 B. DATE SIGNED
23A. SIGNATURE		- M	51-4 4	238. DATE SIGNED
It a Standiford	M.D. Atte	ending Med. S. Director	Stoff Phys.	1/30/66
22 C BHYSICIANES		23D. ADDRESS		
NAME ITYPE H. C. STAND	FORD M.D.	UNIVERSITY	HOSPITAL	
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR			City, town, ar county) (State)
BURIAL 2/2/66	AHAVAS SHOLOM	RO	SEDALE, MAR	YLAND
	B. NAME OF REGISTRAR			
	. 44 4 4	250 LUNEEVENSUR	" & BROS. INC	. 6010 REISTERSTOWN
EEB 4 1966 (20 E	State Compace of	01:00	1	OUTO REPORTEROTORIS
S 150-REV. 1/1/65			1	



IMPORTANT FUNERAL DIRECTOR:

			BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	00	0120	CERTIFICA	TE OF DEATH	Registered No	6-01206
M.E. CASE NO.	CEASED		10	2. DATE A	ND HOUR OF DEATH	
(Type or Print)	Clarence	E. Whi	te	Febr	ruary 1,1966	1 6:50 pm
3. PLACE OF D	EATH IN BALTIMORE, MA			4. USUAL RESIDENCE (Wh.	ere deceased lived, If in	stitution; residence before odmission)
CILL MANAGE	OF (If not in hospital	isisusi		Maryland		1-48
HOSPITAL OF			give sneer	C. CITY OR TOWN (If or	utside city limits, write	RURAL and give lownship)
n .	2309 Elsin	ore Ave	nue	Baltimore D. STREET ADDRESS		
	Baltimore,	Marylan	d 21216		rurol, give location)	
5. SEX	6. RACE	7 AA ADDIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	I If Haday 1 Vs. If Haday 24 Hzs
Male	Negro	WIDOWE	p, DIVORCED (specify)	Oct.18,1903	lost birthdoy) 62	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	CUPATION (Give kind of world working lile, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Lat	orer			Baltimore, 1	Maryland	
3. FATHERS NA				14. MOTHER'S MAIDEN NA	ME	
	William White			Florence Bu	ırkett	
	ed Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknov	wn) (II yes, give wor or dote	s of Service	212-22-5538	Berdia White	2309 Elei	nore Avenue
1B. /	0 1		CAUSE O		~707 1151	INTERVAL BETWEEN
16	ASE OR CONDITION DI	RECTLY			-	ONSET AND DEATH
	LEADING TO DEATH		(A) CA	cingus a	psis	2 Just
	nal mean the made of e, asthenia, etc. Il means		DUE TO	the and the angle and and adjust a series of a decodificance in	or the cold in a superior and a supe	
	omplication which caused		1		Tin 1 tues	~ ~ 0
	ANTECEDENT CAUSES		(B)	congue a	was Just	5 2013
DISEASES	OR CONDITIONS, if	any, giving	DUE 10			
	the abave cause (A)	stating the	(C)	* DOGGO A&& DO CO GO CO CO CO CO TO CO		
UNDERLIII						
E TO THE	NIFICANT CONDITIONS CONDITIONS CONDITIONS	ATED TO TH	G IE			
	OF OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O 208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE	WAS FER	PORMED	100		III CERIFIIIO CA	OSES OF DEATH:
OR CONTRI	BUTING CAUSE OF	218 hon etc.	ne, form, loctory, street, o	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(II in Boltimore	e City, give exact location)
Ο 21D. ΠΜΕ	(Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
S OF INJURY			nile At Not Whi			
		Wo				7
22. I certi	fy that (1) (this hospita	I) ottended t	he deceased from	149165	19 to 2	-166 19
that (I) (w	e) lost sow the decease	ed alive on	2-6-66	19ond t	hat in(my) (our) opi	nion death occurred on the dat
ond hour a	and from the causes sto	ted above. (I) (We) (dld) (did not)	view the body after death.		
23A. SIGNA	TURE			/		23B. DATE SIGNED
177	mounta	12:01	A.D. All	ending Med. Director	Stoff Phys.	213/66
23C. PHYSIC	IANS	No Carlo	1010	23D. ADDRESS	0	7 - 7100
NAME	to ount line	Phillis	OC M.D.	UCR NC NO	alken sk	PROSE MAL
24A. BURIAL C	REMATION, 248. DATE	24C. N	AME OF CEMETERY OF CR	EMATORY 24D.	LOCATION (C	ily, lown, or county) (State)
REMOVAL						
B uri	Tal Feb. 5,		Arbutus Memori of REGISTRAR	lal Park I		aryland
EED 4	1000 A 0 4	COL	D in C O			727 N. Monroe St.
PEB 4	INDO (Legge)	T C ATO	क्षेत्रक्षक १७	The opti)	
VS 150-REV. 1/	1700					



66	01207		BALTIMORE CITY HEAL			
BIRTH NO.	MEDI	CAL EX	(AMINER'S CE	ERTIFICATE OF	DEATH Regist	ered No.
M.E. CASE NO.						00 017.17
1. NAME OF DE	CEASED			2. DATE A	ND HOUR PRONOUNG	CED DEAD
	WARD-WILEY		ARD L. WILEY	Feb	. 3, 1966	11;45 A.
CERT	IFICATE	AM	ENDED	Marylar Marylar	nd B. Co	No.
HOSPITAL OR	ADDRESS OR LOCA	TION)	2-23-56	C. CITY OR TOWN (If outsi		te RURAL and give township)
	5019 Reist	erstown	n Rd.	D. STREET ADDRESS (If ruro	d, give locomon)	n.a
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
male	white		DIVORCED (specify)	Dec. 20, 1903	lost birthdoys	Manths Days Hours Min.
IOA. USUAL OCC			ried BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore		12. CITIZEN OF
	working life, even if refired) Driver			D-14!	. 1	WHAT COUNTRY?
13. FATHER'S NAM		1		Baltimore, N	AC.	U.S.A.
	Unknown			Unkn	OWn	
15. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	OWII	ADDRESS
(Yes, na ar unknown	(If yes, give war or dole	s of sarvice)	SECURITY NO.	V.		
18.				Zelma Z. Wile	y 5019 Reis	Sterstown Rd.
DISEASES RISE TO THE UN DERLY!	, asthenro, alc. It means mplication which coused of antecendent CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) STING CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REL	S NY, GIVING ATING THE				
E DISEASE O	R CONDITION CAUSING	IT.	***********************	Partial		
O DATE OF	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes ar No	IN CERTIFYING CAL	
	L CAUSE WAS	03.0	DI ACE OF INVIERY	yes	ye:	S
O UNDERLYING	OR CONTRIB-	home atc.)	, farm, foctory, streat, a	ffice bldg., NJURY OCCUR?	in boilimore City,	give exact locotion/
OF INJURY	(Manth) (Doy) (Year	Haur) 2	TE. INJURY OCCURRED	21 F. HÓW DID IN.	JURY OCCUR?	
(APPROX.)		m. V	WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	ORK 🔲		
22. I cer	tify that I held an I	nquiry 🗌	Inspection Par	tial and that an t	his basis, death in	my apînlan
resu	Ited from: Natyrat car	ses X A	Accident Suicide	Hamicide	Undetermined mann	ner 🗌
ACTUA SIGNAT	URE /	Suite	in Eulymo.	CHIEF MEDICAL E	XAMINER TO	DATE SIGNED 2-3-66
EXAMIN NAME (enecker	, M.D.	ASSOCIATE MEDICAL E	XAMINER	
23A. BURIAL CRE	MATION, 238 DATE	23	C. NAME OF CEMETERY O		LOCATION (Cit	y, town, or county) (Stote)
Burial	2/7/6		Woodlawn Cer		Baltimo	re, Maryland
FEB	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	Ellsworth A	h Armeres	ADDRESS 00 Liberty Height
VS 151-REV. 1/1/		1 9	A 6 0 0	01207		,

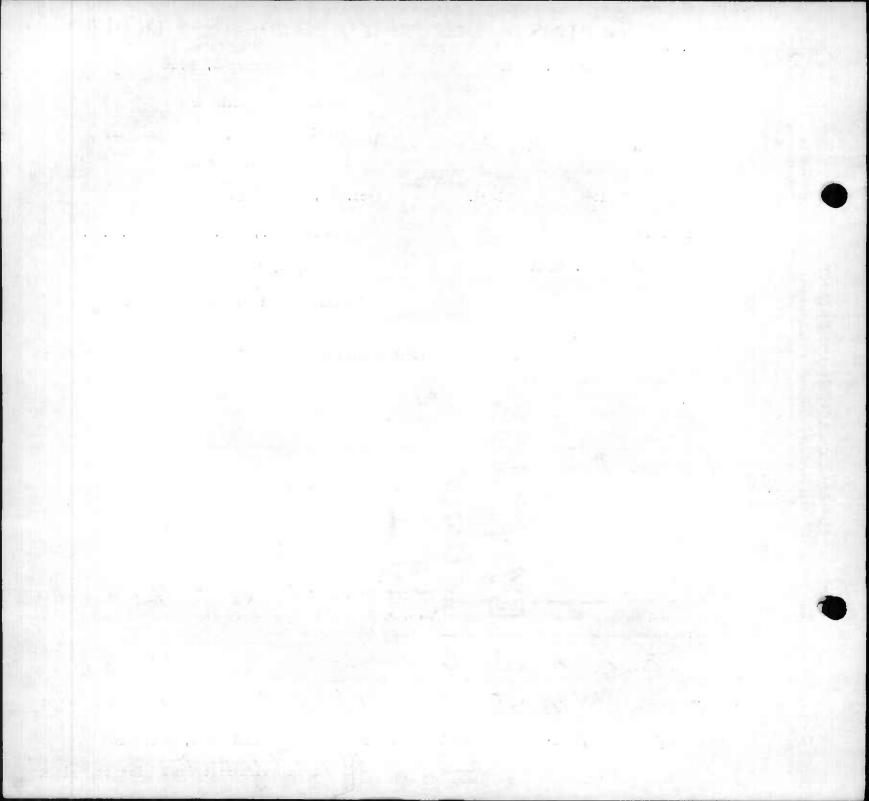
v.s. 153 2-23-66 M.H.

FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
the chief medical examiner	red by the chief medical examiner or his assistant if death occurred in a hospital and
s; (2) Body burns; (3) A fractu	nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (
here the physician who pro	apt where the physician who pronounced death was in regular attendance on the
to physician was in regular	(6) No physician was in regular attendance on the deceased prior to death. Such
hefore the remains are emba	ined before the remains are embalmed or final disposition is made.

This certificate must be approved the body was released to the shows: (1) An accident of any r

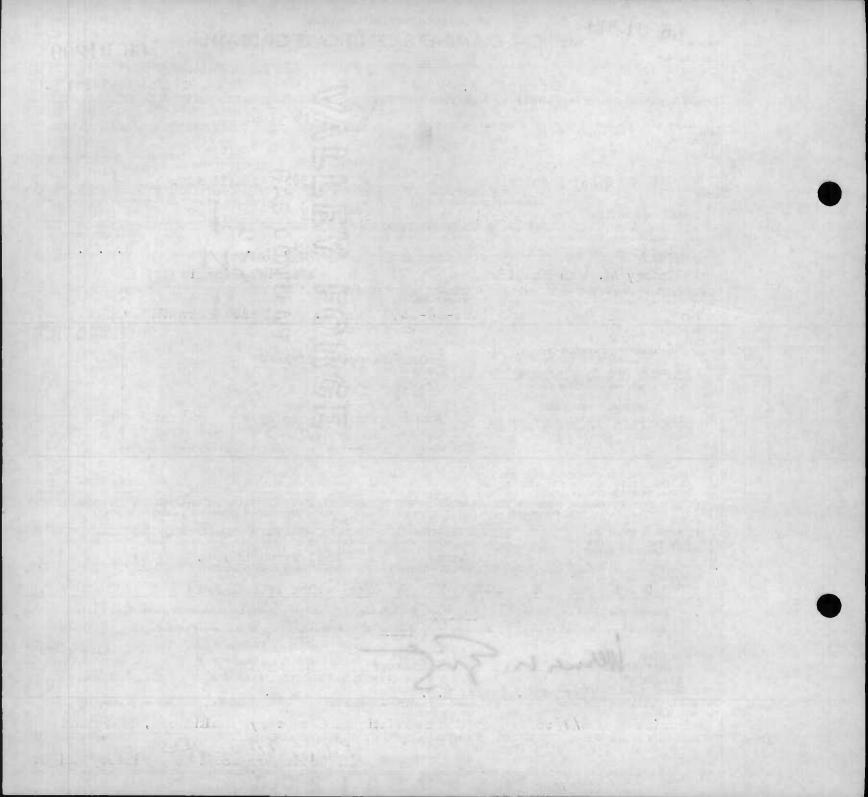
VS 150-REV. 1/1/65

	E CASE NO.		0120	10	CLIVIII		OF DEATH		(,)	01208
	pe or Print)		2.7	C	,			AND HOUR OF D		
2 1	Mary N. Smith					14 1161	L'ebi	ruary 2,	1900	6100
3. 1	TEACE OF DE	ATH IN BALIII	VIORE, IVIA	KILAND		A. STA		INTY	3. II INSTITUTION	is lesidence before o
	FULL NAME OF (If not in hospital or institution, give street						aryland	Baltimor	e	
	HOSPITAL OR	oddress	or location	n)		C. CIT	TY OR TOWN (If	outside city limits,	write RURAL	ond give township)
75					2/2/		Baltimore		0	- Ga
U		Anderso	n Nur	sing l	Home	D. STI		If rural, give location		1
							3708 Fern			
S. S	SEX	6. RACE			D, NEVER MARRIED		E OF BIRTH	9. AGE (In years	If Ur Mont	nder 1 Yr. If Unde
F	'emale	White		Si	ngle	Oct	. 18, 1869	96		
	A. USUAL OCC			10B, KIND	OF BUSINESS OR INC	DUSTRY 11. BIR	THPLACE (Stote or fo	oreign country)		TITIZEN OF
uon	At Hon				100	т	Howard Co	Md		U.S.A.
13.	FATHER'S NA						OTHER'S MAIDEN N			U.D.A.
		eorge V	W C	i+h						
15	Wos Deceoses	_			114 50 5111	12		ams		A 70 70 0 70 0
	s, no or unknow				1 6. SOCIAL SECURITY NO		ORMANT			ADDRESS
	No				None	Ch	ristine Wr	ight 3708	Ferno	dale Avenu
	18.	22.11			CA	USE OF DEA	TH			INTERVAL BETW
	DISEASES (asthenio, etc. nplicolian whi- ANTECEDENT OR CONDITION e above conditions	CAUSES ONS, if ouse (A)	deolh.) any, givir	IB) DUE	то				
NC	DISEASES of ise to the UNDERLYIN	mplicolian whith ANTECEDENT OR CONDITION CONDI	CAUSES ONS, if ouse (A) N last,	deoth.) any, givir stating the	IB)	то				
ATION	DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR	ANTECEDENT OR CONDITION OR CONDITION OR CONDITION OR CONDITION OR CONDITION	ch caused CAUSES ONS, if buse (A) N last. DITIONS C NOT RELA	any, giving slaling It	IB)	то				
IFICATION	DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR	ANTECEDENT ANTECEDENT OR CONDITIO G CONDITIO IFICANT CON EATH BUT CONDITION	ch caused CAUSES ONS, if buse (A) N last, DITIONS C NOT RELA CAUSING I	any, giving stating It CONTRIBUTION TO	IB)		A. AUTOPSY? (Yes or	No) 208. IF YES, 1	WERE FINDIN	GS CONSIDERED
ERTIFICATION	DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR	ANTECEDENT OR CONDITION	CAUSES ONS, if DUSE (A) N last. DITIONS C NOT RELA CAUSING I 19B. CON WAS PERI	any, giving stating the stating of the stating of the state of the sta	IB)	N 20A	no	IN CERTIFYING	G CAUSES O	F DEATH?
AL CERTIFICATION	DISEASES rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIB	ANTECEDENT OR CONDITION OR CONDITION OR CONDITION OF CONDITION	CAUSES ONS, if DUSE (A) N last. DITIONS CAUSING I 19B. CON WAS PERLYING	any, giving stating the stating of t	IB) DUE ING THE R WHICH OPERATION The place of INJUR ome, form, loctory, s'	Y (e.g., in or obo	NO	IN CERTIFYING	G CAUSES O	GS CONSIDERED OF DEATH? give exact locokon)
CAL CERTIFIC	DISEASES rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBE DEATH Inotify	ANTECEDENT OR CONDITION E above composed to the condition of the condition	CAUSES ONS, if DUSE (A) N last. DITIONS C NOT RELA CAUSING 19B. CON WAS PERI SE OF	any, giving stating the stating of the stating of the state of the sta	IB) DUE ING THE R WHICH OPERATION IB. PLACE OF INJUR ome, form, foctory, steel	Y (e.g., in or obo	OUI 21C. WHERE DID g., INJURY OCCUR?	(If in Bo	G CAUSES O	F DEATH?
AL CERTIFIC	DISEASES rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY	ANTECEDENT OR CONDITION OR CONDITION OR CONDITION OF CONDITION	CAUSES ONS, if DUSE (A) N last. DITIONS C NOT RELA CAUSING 19B. CON WAS PERI SE OF	any, givin stating It CONTRIBUTION TO	IB) DUE ING THE R WHICH OPERATION The place of injure ome, form, foctory, steel	Y (e.g., in or obo	NO	(If in Bo	G CAUSES O	F DEATH?
CAL CERTIFIC	DISEASES rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBUTE OF INJURY LAPPROX.)	ANTECEDENT OR CONDITION E above condition OF CONDITION OF CONDITION OF CONDITION OF OPERATION	CAUSES ONS, if DUSE (A) N last. DITIONS CAUSING I 198. CON WAS PERI SERLYING SE OF inner) OY) (Yeor)	any, giving stating of the station o	IB) DUE ING THE R WHICH OPERATION IB. PLACE OF INJUR' ome, form, foctory, steel IE. INJURY OCCURR While At N	N 20A Y (e.g., in or obotheet, office bld	OUI 21C. WHERE DID g., INJURY OCCUR?	IN CERTIFYING	G CAUSES O	give exact location)
CAL CERTIFIC	DISEASES rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBUTE OF INJURY 1APPROX.)	ANTECEDENT OR CONDITION E above condition OF CONDITION OF CONDITION OF CONDITION OF OPERATION	CAUSES ONS, if DUSE (A) N last. DITIONS CAUSING I 198. CON WAS PERI SERLYING SE OF inner) OY) (Yeor)	any, giving stating of the station o	IB) DUE ING THE R WHICH OPERATION IB. PLACE OF INJUR' ome, form, foctory, steel	N 20A Y (e.g., in or obotheet, office bld	OUI 21C. WHERE DID g., INJURY OCCUR?	(If in Bo	G CAUSES O	give exact location)
CAL CERTIFIC	DISEASES (rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBEDEATH Inotify 1APPROX.) 21.A. ACCIDE OR CONTRIBEDEATH Inotify 1APPROX.)	ANTECEDENT OR CONDITION E above condition OF CONDITION OF CONDITION OF CONDITION OF OPERATION	CAUSES ONS, if ouse (A) N last, DITIONS C NOT RELA CAUSING I 19B. CON WAS PERI ERLYING SE OF iner) Oy) (Yeer)	any, givin stating It CONTRIBUTION FOR TO	IB) DUE ING THE R WHICH OPERATION IB. PLACE OF INJUR ome, form, loctory, steed, TE. INJURY OCCURR While At North	N 20A Y (e.g., in or obotheet, office bld	21F. HOW DID II	OF THE STATE OF TH	oltimore City,	give exect locotion)
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CAL CERTIFIC	DISEASES rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBUTE OF INJURY 1APPROX.) 21.0. TIME OF INJURY 1APPROX.) 22. 1 certify that (1) (100)	ANTECEDENT OR CONDITION OR CONDITION OR CONDITION OF ATTH BUT CONDITION OF OPERATION NT WAS UND UTING CAU Medical exam I Month) (Do that (1) (shist) I lost saw the	CAUSES ONS, if ouse (A) N last. DITIONS C NOT RELA CAUSING I 19B. CON WAS PERI ERLYING SE OF inner) Year) Year)	any, givin stating It CONTRIBUTION FOR TO	IB) DUE ING THE R WHICH OPERATION IB. PLACE OF INJUR ome, form, foctory, state.) IE. INJURY OCCURR While At Noth	Y (e.g., in or obotieet, office bld	DUI 21C. WHERE DID g., INJURY OCCUR? 21F. HOW DID II 21F. HOW did ii 21F. de and bady after deat	NJURY OCCUR?	G CAUSES Of City,	give exect locokon) 2 19 eoth accurred an
CAL CERTIFIC	DISEASES rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBUTION TO THE DOR CONTRIBUTION TO THE DOR CONTRIBUTION TO THE DEATH Inotify 1APPROX.) 21.D. TIME OF INJURY 1APPROX.) 22. I certify that (I) (ame) and hour an 23A. SIGN ATI	INDICOLOR WHITE ANTECEDENT OR CONDITION E above condition IFICANT CONDITION IFICANT CONDITION OF OPERATION NT WAS UND UTING CAU Medicol exom I Month) (Do that (1) (shist) of the condition of the con	CAUSES ONS, if ouse (A) N last. DITIONS C NOT RELA CAUSING I 19B. CON WAS PERI ERLYING SE OF inner) Year) Year)	any, givin stating It CONTRIBUTION FOR TO	IB)	Y (e.g., in or obetieet, office bld.) ED of While t Work m	21F. HOW DID II	NJURY OCCUR?	G CAUSES Of City,	give exect locokon) 2 19 eoth accurred an
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MEDICAL CERTIFIC	DISEASES (rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF 19A. SIGNATURAL CREMOVAL IN A. BURIAL CREMOVAL IN THE PROVINCE OF 19A. SIGNATURAL CREMOVAL IN THE PROVINCE OF 19A. SIGNATURAL CREMOVAL IN THE PROVINCE OF 19A. SIGNATURAL CREMOVAL IN THE PROVINCE OF 19A. BURIAL CRE	IFICANT CONDITION IF OPERATION IMONTH (Do I that (1) (shist I that	ch caused r CAUSES ONS, if buse (A) N last. DITIONS C NOT RELA CAUSING WAS PERI DERLYING SE OF inner) DATE 2/5/66	any, giving stating its statin	IB) DUE ING THE R WHICH OPERATION IB. PLACE OF INJURY ome, form, foctory, street, IE. INJURY OCCURRI While At North A It the deceased from (1) (We) (Hd) (did	Y (e.g., in or obotieet, office bld) ED of While the Work M. D. Attending Phys. Attending Phys. AND. 7556 OF CREMATOR	21F. HOW DID II 21F. HOW DID II	IN CERTIFYING (If in Bo NJURY OCCUR? That in (my) tour Stoff Phys. COATION Baltimore	Batta (City, town	give exoct locotion) 19 19 19 19 19 10 11 11 12 13 14 15 16 17 18 18 18 18 18 18 18 18 18



VS 151-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) 10:35 a. M. Marjorie V. Wood 2/1/66 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission) Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR Baltimore D. STREET ADDRESS (If rurol, give locotion) Sinai Hospital 4502 Fernhill Ave. 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 5. SEX 6. RACE WIDOWED, DIVORCED (specily) lost birthdoy Months, Doys, Hours, Min. female white 40 6/4/1925 Married tOA, USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Norfolk, Va. U.S.A. Clerk 3. FATHER'S NAME Emory M. Van Buskirk 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL 17. INFORMANT SECURITY NO. (Yes, no or unknown) (If yes, give wor or dotes of service) 224-28-3693 John G. Wood 4502 Fernhill Avenue No INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Gunshot wound of head LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. DUE TO injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTII 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? no 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., NJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 4502 Fernhill Ave. home 21D TIME 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Month) (Yeor) (Doy) (Hour) OF INJURY NOT WHILE (APPROX.) 2 66 shot self in head Inspection X I certify that I held on Inquiry Autopsy ond that on this bosis, death in my opinion resulted from: Natural couses Accident Suicide X Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M. D. ASSISTANT MEDICAL EXAMINER SIGNATURE 2/1/66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Werner U. Spitz, NAME (Type) M.D. 23A, BURIAL CREMATION. 23C. NAME of CEMETERY of CREMATORY 23D, LOCATION (State) (City, town, or county) REMOVAL (Specify) 2/7/66 Baltimore National Cemetery Baltimore, Maryland Burial 248 NAME OF REGISTRAR 24A. DATE REC'D BY HEALTH DEPT. 24C FUNERAL DIRECTOR ADDRESS Ellsworth Armacost 4600 Liberty Heights



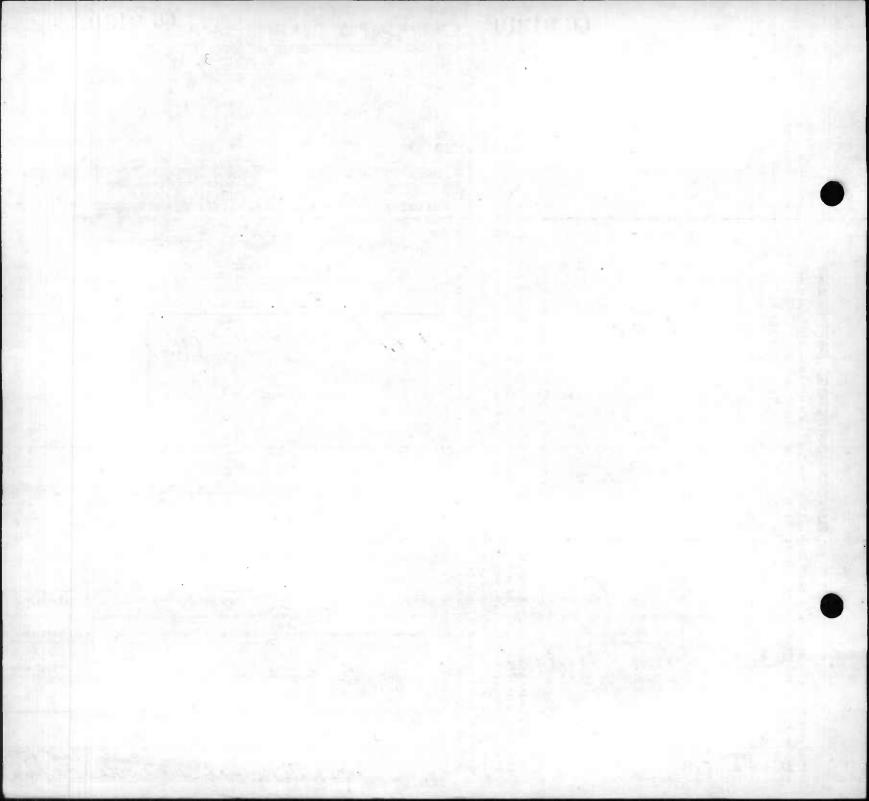
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

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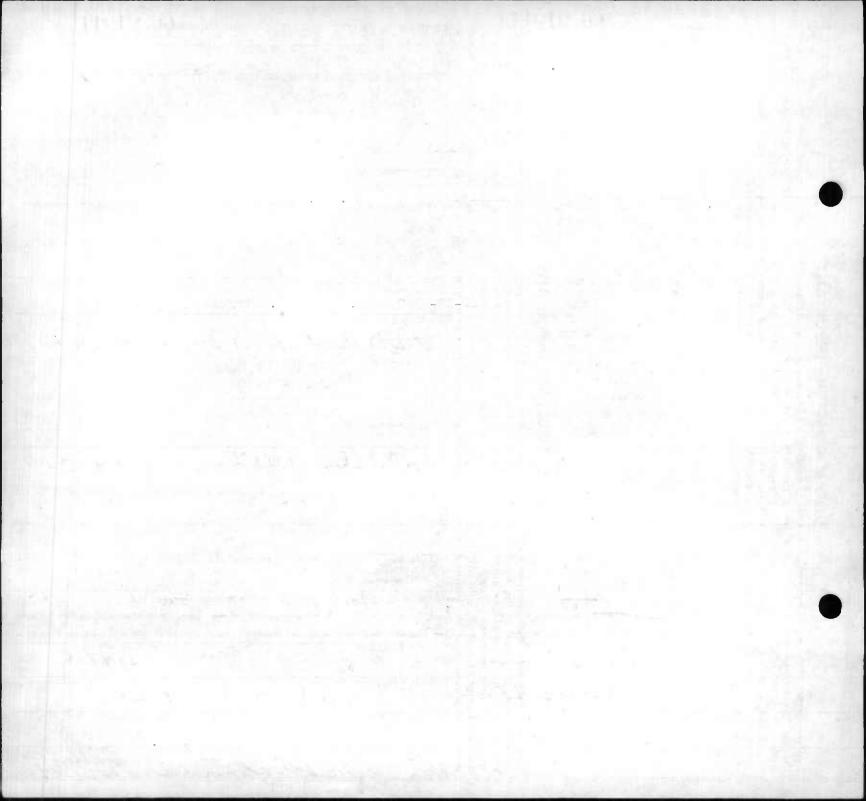
		Y HEALTH DEPARTMENT	(16) (14)
BIRTH NO. 66 (11210 CERTIFICA	ATE OF DEATH Registered No	66 01210
M.E. CASE NO.	CERTIFICA	TIE OF DEATH	
1. NAME OF DECEASED (Type or Print) William	V. Winchester	2. Date and Hour o Deat February 3, 1	966 200 A M
3. PLACE OF DEATH IN BALTIMORE, M.	ARYLAND	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before odmission)
FULL NAME OF (If not in hospital HOSPITAL OR oddress or location	or institution, give street	Maryland	3-07
INSTITUTION		C. CITY OR TOWN (If outside city limits, white Baltimore	e KUKAL and give township)
	ersity Parkway	D. STREET ADDRESS (If rurol, give location)	
Baltimore, Ma	ryland 21210		
		505 West University Pa	
S. SEX 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH September 2, 85 9. AGE (In years lost birthday) 80	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of wo			12. CITIZEN OF
done during most of working file with it wited		0	WHAT COUNTRY?
President - Wood	Toy Watches	Queenstown, Md.	
		14, MOTHER'S MAIDEN NAME	
Benjamin T. Winch	ester	Alice Bryan	
15. Was Deceased Ever in U. S. Armed Fo (Yes, no or unknown) (If yes, give war ar do	rces? 16. SOCIAL	17. INFORMANT	ADDRESS
No None	es of service) SECURITY NO.	Mrs. Adele M. Winchester	same address
18. 11 CAVI	CAUSE	OK DEATH	INTERVAL BETWEEN ONSET AND/DEATH
ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELD DISEASE OR CONDITION CAUSING	ony, giving slaling the (C)		
	NOTION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WER	E FINDINGS CONSIDERED :AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Beltim office bldg., INJURY OCCUR?	ore City, give exact location)
21D. TIME (Month) (Doy) (Yeor OF INJURY (APPROX.)	(Hour) 21E INJURY OCCURRED While At	21F. HOW DID INJURY OCCUR?	for 11
22. I certify that (I) (this haspite that (I) (we) last sow the decease and hour and from the causes sto	- trall 7	19 ta	pinion deoth accurred on the dat
25A. SIGNATURE M	Heal 1) M.D. A	Med. Staff Director Phys.	2-4-6k
23C. PHYSICIAN'S NAME (Type)	M.D	23 D. ADDRESS	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION	City, town, or county) (State)
Burial 2/5/19			
2SA, DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	p pooresm 1
MEB 4 1966 @ Colon	E. Sanker Min	Wml Tickness &	no hottis Pale

2SC. FUNERAL DIRECTOR ishner & Sono northe Pa, lave

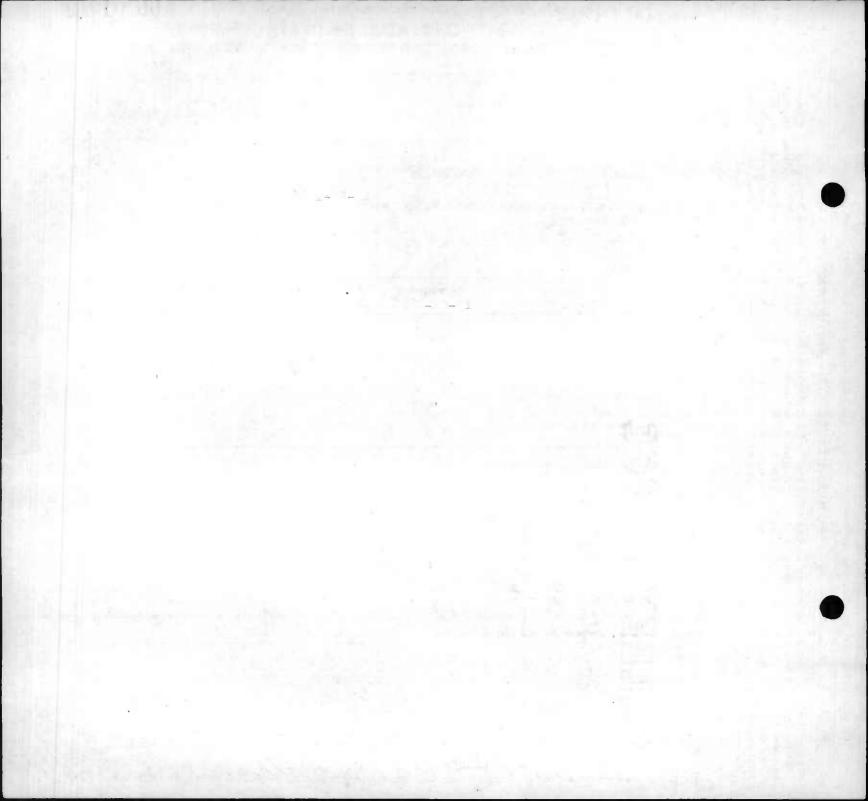


Berei	200
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
CTOR	A fractive prices
DIRE	al exc al exc is; (3) / cian w cian w as in
RAL	medic y burn physician we
FUNE	by a 2) Bod re the physic fore th
	by the spital fure; (truce; (truce) (t
	provectiny name obtain
	be ap not of a pital (path);
	releas accide a hos r to d
	y was (1) An 3.A. at appro
	nis cer ne bod nows: as D.C scease
	サポポッツラッ

00 0101	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO. 66 ()121	CERTIFICA	ATE OF DEATH Registered	NG6 01211	
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DE	EATH	
(Type or Print) Celeste V.	lerrick	February 3,	1966 I M	
3. PLACE OF DEATH IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (Where deceased lived		
FULL NAME OF (If not in hospital or in HOSPITAL OR address or location)	stitution, give street	A. STATE B. COUNTY Maryland	28-31	
3805 Lewin Aver	nue	c. CITY OR TOWN (If outside city limits, Baltimore		
O Baltimore, Mary	rland 21215	D. STREET ADDRESS (If rurol, give locotions) 3805 Lewin Avenue	15	
	MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	
Female White	Married (specify)	Feb. 26, 1899 66	Monms Doys Hours Min.	
10A, USUAL OCCUPATION (Give kind of work 108,	KIND OF BUSINESS OR INDUSTR	TY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	
done during most of working life, even if retired) Housewife		Maryland	WHAT COUNTRY?	
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME		
Telem Dumler				
John Burke 15. Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS	
(Yes, no or unknown) (II yes, give wor or dotes of None	SECURITY NO.	Mr. Howard H. Merrick	same address	
18.420.0 V 1260X		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECT	LY Anto	nos clarates Heart Des	uso 4 weeks	
LEADING TO DEATH (This does not mean the made of dying)	(A)	77 CG 767 CG 767		
heart lailure, asthenia, etc. It means the	disease,			
injury or complication which caused dea	(B)	(B)		
ANTECEDENT CAUSES	DUE TO	M -24		
DISEASES OR CONDITIONS, il any,		peroc.		
UNDERLYING CONDITION Iosi.	ling lie (C)			
11		eletis Mellita		
OTHER SIGNIFICANT CONDITIONS CONTENTS TO THE DEATH BUT NOT RELATED		aleks Mellilia	1 year	
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		20A. AUTOPSY? (Yes or No.) 20B. IF YES, VIN CERTIFYING	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	, in or obout 21C. WHERE DID (If in Bo office bldg., INJURY OCCUR?	offimore City, give exact location)	
O 21D. TIME (Month) (Doy) (Year) (H	our 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	(4) (1)	
(A PPROX.)	While At Not W	hile .		
22. I certify that (I) (this haspital) at		Janey 7 1966 10	7.0. 3 1964.	
	10 2		popinion death accurred on the date	
that (I) (we) lost saw the deceased o	In a	ona that in (my) (our	Propinion decin accurred on the date	
and hour and from the causes stated	phove. (I) (Me) (did not)	view the body ofter deoth.	DATE SIGNED	
	ern M.D. A	thending Med. Stoff Phys.	2/4/66	
23C. PHYSICIAN'S NAME (Type) MANUEL	LEVIN M.	23D. ADDRESS Resterstour	Re.	
24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION	(City, town, or county) (State)	
Burial 2/7/1966	Druid Ridge Cen	metery Pikesville	Md	
-/ -/ -/ -/ -/	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Books my	
FEB 4 1986 Q.C.	y E. Jaway Mill	Wm. L. Tickner	Lamo horte LPa	
VS 150-REV. 1/1/65		2/10		



66 01212	BALTIMORE CITY	Y HEALTH DEPARTMENT	66 01212
BIRTH NO.	CERTIFICA	TE OF DEATH Registered No	1.
A.E. CASE NO.			
	yce /	2. DATE AND HOUR OF DEAT	Н
Type at Print) JAMES	FRY	3-Fiel 1	966 1/2/10 A M
PLACE OF DEATH IN BALTIMORE MARYLA	AND	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)
		A. STATE B. COUNTY	10 01
FULL NAME OF (If not in haspital or in	estitution ave shoot	MARNIA -	De alla
HOSPITAL OR address at lacotion)	sinonon, give sireer	C. CITY OR TOWN (If outside city limits, write	PITRAL and pine township)
INSTITUTION		0 11	e KOKAL one give lowiship!
		1SA/TIMORE	33-00
	- / // //	D. STREET ADDRESS (If rural, give lacation)	
MARYLAND GEN	ERAL HOSPITAL	7344 GeisE h	7ve 19
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIPTU P. AGE (In years 11-25-1876) SE ost birthday)	If Under 1 Yi. Il Under 24 Hrs. Months Days Haus Min.
MA/E White	MARRIED	11-2621876 89	
DA, USUAL OCCUPATION (Give kind al wark 10 B.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or larging country)	12. CITIZEN OF
one during most al working life, even if retired)		The state of the s	WHAT COUNTRY?
C+ /	Steel PLANT	MARYDNIA	USA
C. C. C. C. C. C.	31001	14 MOTHERS MAISTH MANS	
B. FATHERS NAME		14. MOINERS MAIDEN NAME	
Edward FRY		FOO - TE /	
		FRANCES Joyne	3
S. Was Deceased Ever in U. S. Armed Farces? 'es, no or unknown) (If yes, give wor or dofes of	service) 1 6. SOCIAL SECURITY NO.	Mrs. Jucinda Jane Emr	ADDRESS
3.7		till to auctinua valle Fly	0 0 14
No None	213-09-7488	Wite 73440	Seise Aue - Balto . Md.
18. 3. 2. 2 X	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECT	TLY		ONSET AND DEATH
LEADING TO DEATH		makeral Manaylan acch.	32 days -
(This does not mean the mode of dyi	(A) LEA	reberal Vascular Occlusion	
heart foilure, asthenia, etc. It means the	diseose.		
injuly at camplication which caused dea	ith.)	- 1 2 4 1 1	
ANTECEDENT CAUSES	(B) G-eNe	RB112ED ARterioscherosis	VEARS -
711120202111 0710020	DUE TO		
DISEASES OR CONDITIONS, if any,			
rise to the obave couse (A) sta	ting the (C)	**************************************	
UNDERLYING CONDITION fast.			
Z	TRIBUTING		
I TO THE DEATH BUT NOT RELATED	TO THE		
	ON FOR WHICH COST	120 A ALIZOROMO (V AL-V COR IN MAR	T SINDINGS CONSTRUCTION
19A. DATE OF OPERATION 19B. CONDITI		20 A. AUTOPSY? (Yes at Na) 20 B. IF YES, WER	AUSES OF DEATH?
		No	
	21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Baltim	are City, give exact lacation)
OR CONTRIBUTING CAUSE OF	home, larm, lactary, street, a	office bidg., INJURY OCCUR?	
DEATH (notily medical examine)	etc.)		
21D. TIME (Month) (Doy) (Year) (H	lour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At Nat Whi		
(APPROX.)	Work At Wark		
22 1 11 11 11 14 11 1 1 1 1		3 700	2- Feb 1066
22. I certify that (1) (this hospital) at			
that (I (we) last saw the deceased o	live an 3 Feb	19.65 ond that in (post) (aur) a	pinion death accurred on the dot
	4		
ond hour ond fram the causes stated	opove. Kin (we) (did) (did not)	view the bady after death.	
23A. SIGNATURE	11		23B, DATE SIGNED
7/1/	W.D. AH	ending Med. Stoll	3- Freb-65
J.C. CA	Phy		3-1120
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
TO ON). M.D.	maryland General H	ospital
1. C. Cull	5	111	
AA. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, ar county) (State)
REMOVAL (Specify) 2/6/	7.11	Lr 4 0 14.	200
purial 12/66	Loudon Pa	Collemente Dalum	wee, Me.
SA. DATE REC'D BY HEALTH DEPT. 258	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS 17
FEB 4 1966 Q Conf	S. Stallauffill	74/20/27:1	& Boyero.
FEB 4 1900 Chican		of my comer.	Loons horay a
5 150-REV. 1/T/65			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

(Typ	AME OF DECEAS		Bul	CARTER		NO HOUR OF DEAT		20
3. I	LACE OF DEATH	IN BALTIMORE MA	ARYLAND	CHRIEK	14. USUAL RESIDENCE (WH			admi s
					A. STATE B. COU	NTY		
	FULL NAME OF	(If not in haspital oddress or tacotio	ar institution,	give street	MARYLAND	HOWAR	te RURAL and give township)	
	NSTITUTION				FILIA M	fulside city limits, writ	te RUKAL and give township)	
1		Book -	Jocqu.	RS HOSPITAL	D. STREET ADDRESS	f rural, give lacation)		
1		,00,0			Rt. 4 Box		OR LAND.	
5, 5	EX 6. R	ACE	7. MARRIED	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Und	er 24
	M	10/		D, DIVORCED (specify)	1-1-66	last birthday)	Months Doys Haurs	M
tóA	USUAL OCCUPA	TION (Give kind af wor			Y 11. BIRTHPLACE (State of fa	reign country)	12. CITIZEN OF	
dan	e during most at wark	ing life, even if retired)			MARY/A.	~ D	WHAT COUNTRY?	
12	FATHER'S NAME				14. MOTHER'S MAIDEN N.			
			7		1			
		AS F. C			YATRICIA	A. Dr.	miecs	
15. (Ye:	Was Deceased Eve s,na ar unknawn) (ff	r in U.S. Armed Far yes, give war ar date	es of service)	SECURITY NO.	17. INFORMANT		ADDRESS	
						CHART		
	18. 76	1.0		CAUSE	OF DEATH		INTERVAL BETY ONSET AND D	
	DISEASE C	R CONDITION DI			/	_	1	10-
		DING TO DEATH		, DUE TO	galone //	Pomb 6	Lesenso H	~
		mean the made af nenia, etc. It means	s the diseose					
	injury at camplication which caused death.)							
				-	9			٠,-
		ation which caused ECEDENT CAUSES		(B) DUE TO	samature.		100 0 v 0 0 0 0 0 0 0 0 0 v v 0 0 0 0 0	• ,
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	ANT DISEASES OR	ECEDENT CAUSES CONDITIONS, if bave cause (A)	S any, giving		nematernie			• •
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ATION	ANT DISEASES OR rise to the o UNDERLYING C OTHER SIGNIFICATION THE DEAT DISEASE OR COI	ECEDENT CAUSES CONDITIONS, if thave cause (A) ONDITION last. II ANT CONDITIONS C H BUT NOT RELA NOTION CAUSING	any, giving stating the stating the CONTRIBUTINATED TO THE IT.	IG HE	ontife p	ne. To	provis	•
IFICATION	ANT DISEASES OR rise to the o UNDERLYING C OTHER SIGNIFICATION THE DEAT DISEASE OR COI	ECEDENT CAUSES CONDITIONS, if thave cause (A) ONDITION last. II ANT CONDITIONS C H BUT NOT RELA NOTION CAUSING	any, giving stating the contribution of the contribution for the contrib	16	ontife p	lac. I	RE FINDINGS CONSIDERED CAUSES OF DEATH?	• •
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MEDICAL CERTIF	ANT DISEASES OR rise to the o UNDERLYING C OTHER SIGNIFICATO THE DEAT DISEASE OR COI 19A-DATE OF OP 21A, ACCIDENT N OR CONTRIBUTIN DEATH (natify me 21D. TIME OF INJURY (APPROX.) 22. I certify that that (I) (we) las and haur and free 23A, SIGNATURE 23C. PHYSICIAN'S NAME (Type)	ECEDENT CAUSES CONDITIONS, if bave cause (A) ONDITION last. II ANT CONDITIONS CAUSING ERATION 179B. CON WAS PER WAS UNDERLYING G CAUSE OF dicat examiner) anth) (Day) (Year) It (I) (this hospital it sow the decease and the causes sta	CONTRIBUTINATED TO THE PROPRIED CONTRIBUTION FOR REPORMED CONTRIBUTION	B. PLACE OF INJURY (e.g., me, farm, factory, street, m.) E. INJURY OCCURRED hile At At Ward At Ward the deceased fram	20 A. AUTOPSY? (Yes at It in at about 21 C. WHERE DID affice bldg., INJURY OCCUR? 21 F. HOW DID IN the state of the state	Nol 20B. IF YES, WEIN CERTIFYING (II in Baltim	apinian death accurred at 238. DATE SIGNED	9 Con the



	IRTH NO. 10 66 01	'Atol		HEALTH DEPARTMENT	V Registered No	66 01214
1	A.E. CASE NO.	12.14	CERTIFICA	TE OF DEATH		
	Francis D.2-40	YER, NO	DRBERT JAMES		2-2-66	3:35P M.
3	FULL NAME OF (If not in hospital HOSPITAL OR oddress or location	RYLAND or institution,		A. STATE B. COU	ere deceosed lived. If NTY	institution: residence before odmission)
1/2) NOITUTITZIII			BALTIMORE	f rural, give location)	53 00
	ST AGNES HOSPITA	L		1353 N. RO	LLING RD.	- 10
	MALE WHITE	MAF	D, DIVORCED (specify)	12-14-05	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
d	OA, USUAL OCCUPATION (Give kind of work one during most of working life, even if refired) PURCHAS ING		CITY	MARYLAND	reign country)	12. CITIZEN OF WHAT COUNTRY?
1	JOHN			ANN SIGWART	AME	
1.0	5. Was Deceased Ever in U. S. Armed For (es,no ar unknown) (If yes, give war ar date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	CA.	TON AVES. 21228
	NO		217 07 0332	ST AGNES HO		
	DISEASE OR CONDITION DIL LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the abave cause (A)	dying, e.g., lhe disease, dealh.)		Post Op shut doe	abdom nuit erofike	ONSET AND DEATH
	UNDERLYING CONDITION Ideal. OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELY DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER	TED TO THE	G IE WHICH OPERATION	20A. AUTOPSY? (Yes or P	No) 20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)		ne, form, factory, street, of	or obout 21C. WHERE DID injury OCCUR?	(If in Baltimo	ore City, give exact location)
Ш	21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)		ile At Not While	21F. HOW DID IN	IJURY OCCUR?	
	22. I certify that (I) (this hospita that (I) (we) last saw the decease and haur and from the causes sta 23A. SIGNATURE	d alive an	7 2-2- 1) (We) (did) (did nat) v	iew the bady after death	hat in(my) (aur) as	2-2- 19.66 , pinian death occurred an the date
	23C. PHYSICIAN'S NAME (Type) BENJAMIN GU	ZMAN	O Phy:	Med. Director ST. AGNES HO	SPITAL WI	LKENS AND CATON
12	AA. BURIAL CREMATION, 24B. DATE REMOVAL, (Specify) SA. DATE REC'D BY HEALTH DEPT. FEB 4 1966	166	AME OF CEMETERY OF CRE New 6 OF REGISTRAR To Comm.	MATORY 24D. Theoral Director With F	Beete	Edmondson

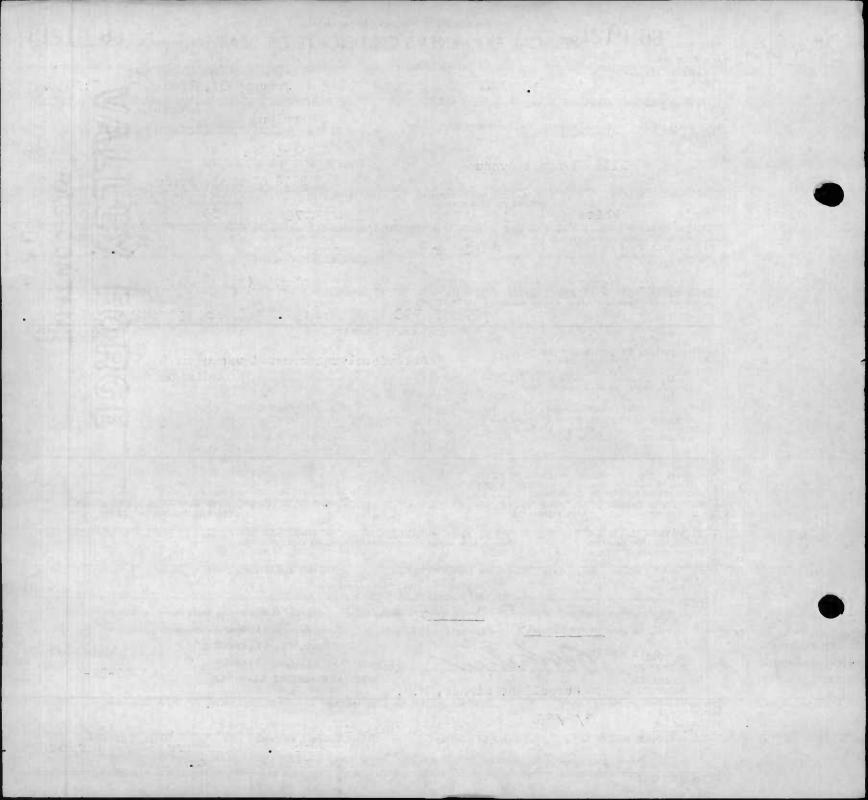
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With Life I will be a street to the terms of the terms of

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	6 0151WE	DICAL EX	AMINER'S C	ERTIFICAT	E OF D	EATH Register	red No. 66 U12.15
1. NAME OF DE	CEASED CAR	L F. BU	SSE			HOUR PRONOUNCE	
3. PLACE IN BAL FULL NAME OF HOSPITAL OR INSTITUTION	TIMORE, MARYLAND		JNCED DEAD	M	aryland		No. NTY RURAL and give township)
)	3116 Gle	ndale Ave	nue	D. STREET ADDR			2 7-05°
5. SEX Male	6. RACE White	WIDO WED,	NEVER MARRIED DIVORCED (specify)	12-26-		9. AGE (In years lost birthday) 86	Months Doys Hours Min.
	working life, even if retire	od)	BUSINESS OR INDUSTRUITE	German 14. MOTHER'S M.	ny	country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEAS	t Busse ED EVER IN U.S. ARA nly (If yes, give wor or		16. SOCIAL SECURITY NO. 1217055773	17. INFORMANT		(Unknown)	Address 6 Glendale Ave.
DISEASES RISE TO TI UN DERLYI	e, ostherio, etc. If memplication which couse ANTECENDENT CA OR CONDITIONS, INTERPRETATION LA ING CONDITION LA BONIFICANT CONDITION	USES F ANY, GIVING STATING THE ST.	(B) DUE TO (C)				
E DISEASE O		ING IT.	WHICH OPERATION	20A. AUTOPSY		208. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
OUNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH. (Month) (Doy)	Yeor) (Hour)	PLACE OF INJURY (e.g., form, foctory, street, TE. INJURY OCCURRED WHILE AT NOT WORK AT W	in or about 21C. W office bldg., INJURY	HERE DID (I) OCCUR?		ve exact location)
	TURE OF	Inquiry 🗌	Inspection X Au Accident Suicid	topsy one	EDICAL EX	AMINER E	
23A, BURIAL CR REMOVAL (Speci Burial	(Type) Ru EMATION, 238 DATE (fy) 2/3, D BY HEALTH DEPT.	23 /66	Fisher, M.D. C.NAME of CEMETERY Trinity Cen OF REGISTRAR	netery	23 D. LC		Maryland 6009 Harford R
VS 151-REV. 1/1	1 -	00 trokeni	, , , ,	Fune	ral Ho	me Inc.	



Such

	BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO. M.E. CASE NO. 66	1216 CERTIFICA	ATE OF DEATH Registered No.	6 01516
1, NAME OF DECEASED	C Warrian	2. DATE AND HOUR OF DEATH	
	ne S. Hennick	Feb.2, 1966	M
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived. If inst	titution: residence before admission)
FULL NAME OF (If not in hospital HOSPITAL OR oddress or locotic INSTITUTION	ar institution, give street n)	Md. c. CITY OR TOWN (If outside city limits, write RU Baltimore	JRAL and give fownship) #6
Union Memo	orial Hospital	D. STREET ADDRESS (If rural, give locotion) 5522 Plainfield	Ave.
5. SEX Female 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widow	Nov. 6, 1888 9. AGE (In years lost birthday) 77	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of word done during most of working life, even if retired) Housewife	Own Home	Y 11. BIRTHPLACE (Stote or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME Walter J	enkins	14. MOTHER'S MAIDEN NAME Unknown	
15. Was Deceased Ever in U. S. Armed Fo (Yes, ga, ar unknown) (If yes, give wor or dot	es of service) 1 6. SOCIAL	17. INFORMANT	ADDRESS
No	SECORITI NO.	Mrs. Doris White	(Same)
OISEASE OR CONDITION DI LEADING TO DEATH (This does not meen the mode of heal failure, asthenia, etc. It means injury or complication which coused ANTECEDENT CAUSES	dying, e.g., DUE TO the disease, I deoth.)	DE DEATH Storing orchis C Volume	INTERVAL BETWEEN ONSET AND DEATH Sulde
DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tost.		soulyed arlange Coor	
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO THE		
OTHE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 198. DATE OF OPERATION 198. COP WAS PER	NDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in at about 21C. WHERE DID (If in Boltimore office bldg., INJURY OCCUR?	City, give exoct location)
OF INJURY (APPROX.) (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED While At Not Wh Work At Work		
22. I certify that (I) (this hospita that (I) (we) last sow the deceos	12 122	19 2 to 9 and that in (my) (our) opini	on death accurred on the date
and haur and from the causes sta	sted obave. (I) (We) (dld) (dld not)	view the body ofter death.	
23A, SIGNATURE	M.D. A	Hending Med. Staff Lys. Director Phys.	238. DATE SIGNED
22C BHYSICIANS		22D ADDRESS	2/66

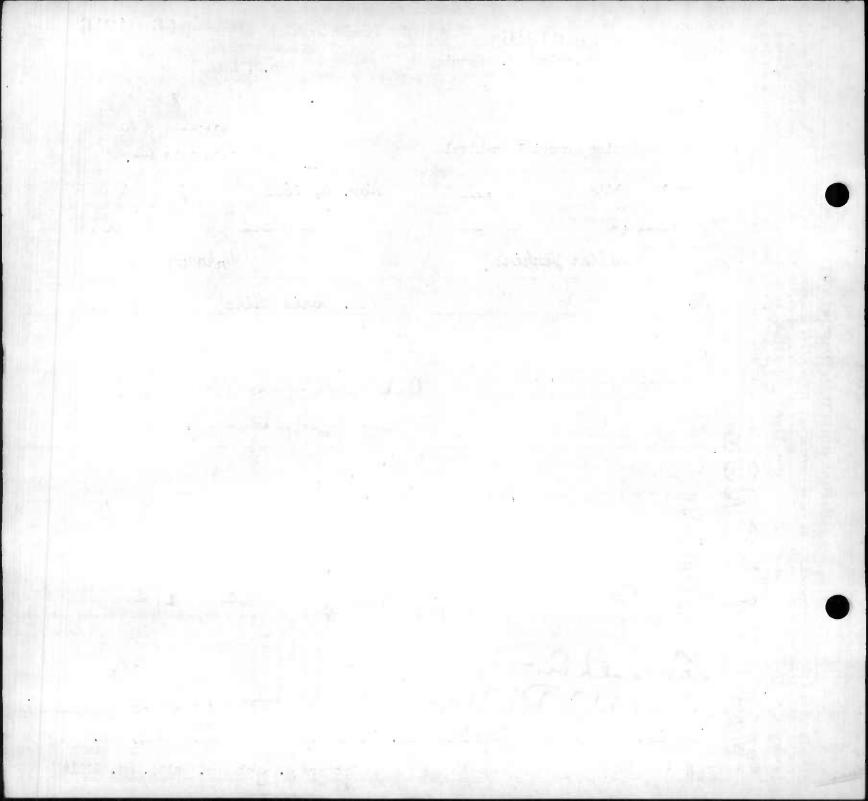
BURIAL CREMATION, REMOVAL (Specify) Moreland Mem. 166

emetery | 25C. FUNERAL DIRECTOR

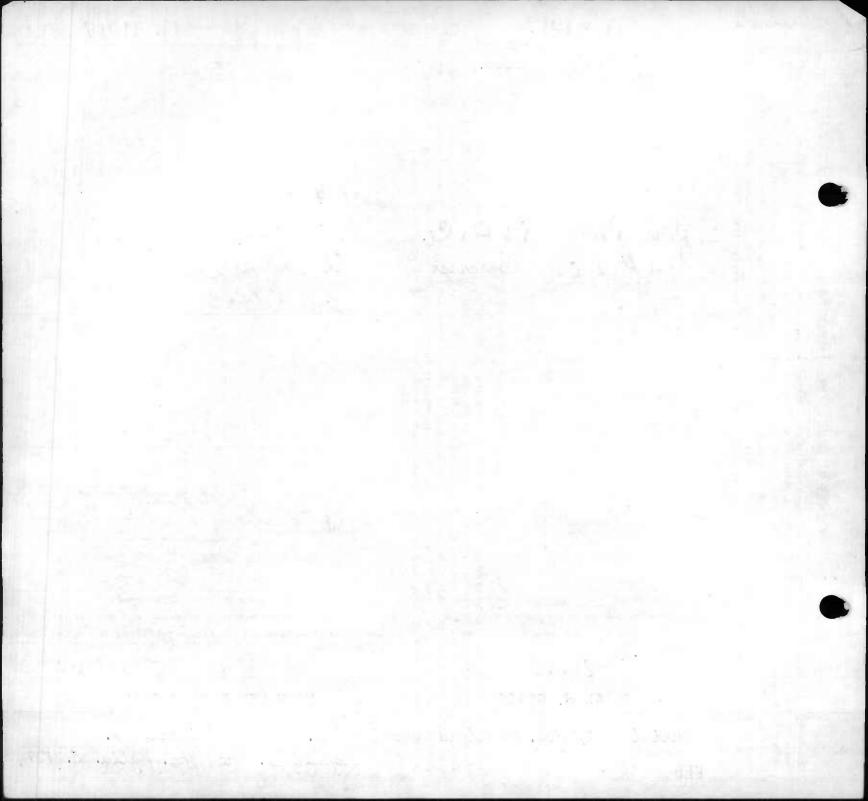
Baltimore, Md. ADDRESS

25B.

Ruck Inc. Balto. Md. 21214



		BALTIMORE CIT	Y HEALTH DEPARTMENT		,50
	TH NO. 66 01217	CERTIFICA	TE OF DEATH	Registered No.	01217
1,1	NAME OF DECEASED Pe or Print) DETER	& ANN	2. DATE ANI	HOUR OF DEATH	930 A
3.	PLACE OF DEATH IN BALTIMORE, MANYLAND	1110.0	4. USUAL RESIDENCE (Where	deceased lived. If inst	itution: rosidenco before admission)
	FULL NAME DF (If not in hospital or institution oddress or location)	n, give streel	C. CITE OR TOWN ? (If outs	side city limits, write RU	27-01
AL.	INSTITUTION	, A	Balton	iarl	
0	Union Henrical	Hospital	D. STREET ADDRESS UST	urol, give locotion) P	Q
5.		ED, NEVER (MARRIED VED, DIVORCED (specify)		ost birthday	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
_	NUSUAL OCCUPATION (Give kind of work 10.8, KIND during most of working his, even if retired)	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreig	an country)	12. CITIZEN OF WHAT COUNTRY?
	TRALL VACALES VO	gren Ce	14. MOTHER'S MAIDEN NAM	ila	45/4
13.	7 - 10	erender	Elaiden	11121.	
15.	Was Deceased Ever in U. S. Armod Forces? s, no or unknown) (If yes, give wor or dotes of service	1 6. SOCIAL	17. INFORMANT	1	Terings Road
Ye	MAS give word or solves or solves	SECURITY NO.	Eugene Sell	ruder -	STreet MJ.
	18. 33/XI	CAUSE	OF DEATH	0 1 10 10 1 11	INTERVAL BETWEEN ONSET AND DEATH
0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Cer	Sellar he	menhas	
	(This does not mean the made of dying, e. heart failuse, asthenia, etc. It means the diseas injury ar camplication which caused death.)	g., DUE TO			
E	ANTECEDENT CAUSES	DUE TO		**************************************	
S Gre	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the UNDERLYING CONDITION last.			<i>A</i>	R
remains	11				
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
TIFICA	194. DATE OF OPERATION 198. CONDITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Yos or No)	20B. IF YES, WERE FIN	NDINGS CONSIDERED SES, OF DEATH?
MEDICAL CER	21A. ACCIDENT WAS UNDERLYING CR CONTRIBUTING CAUSE OF	18. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	(If in Boltiptore	City, give exact location)
CAL	DEATH (notify medical examiner)	etc.)		-	
MEDI	OF INJURY	TE, INJURY OCCURRED While At Not Whi	21F. HOW DID INJU	JRY OCCUR?	
Did	(APPROLI	Work At Work		fr 5	11 16
	22. I certify that (1) (this hospital) attended that (1) (we) last sow the deceased alive of	0 - 11	7	9(a to 2	on death accurred on the date
	ond hour and from the couses stated above.				on doon decored on the dore
must b	23A. SIGNATURE	M.D. At	tending	Stoff 2	238. DATE SIGNED
5	23C. PHYSICIAN'S	Ph	Pending Med. Director 23D. ADDRESS	Phys.	7-4-66
DAOJD 24	BRIAN H. GROSS	M.D.	UNION ME	MORIAL HOS	SPITAL
	A. BURIAL CREMATION, 248. DATE 24C.	NAME of CEMETERY OF CE	EMATORY 24D. LO	CATION (City,	, town, or county) (State)
25	Burial 2/7/66. Mo.	reland Memor		Baltimore	
25		a County	Leonard J.	Ruck Then	Balta 911d. 21214
	150-REV. 1/1/65	0 0	0 6	111111	10/00



cause of death Undetermined cause; (5) Deceased hospital eath. ance Ō attend 0 prior contributing occurred made. ular deceased regu disposition death = Was the 4 IMPORTANT assistant death 0 kind; final attendance any pronounced 0 ō embalmed fracture the chief medical examiner FUNERAL DIRECTOR: g regul who are ල physician Was burns; physician Body 0 before by 3 where to the hospital °N nature; by 9 approved (except and any eath); of hospital was released accident

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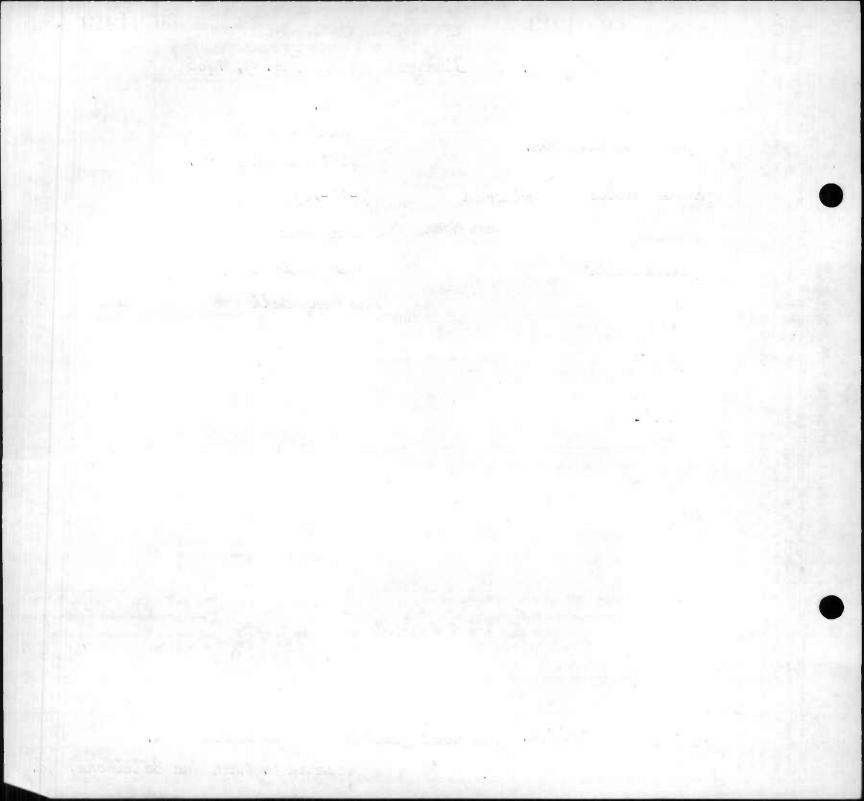
BALTIMORE CITY HEALTH DEPARTMENT Registered No.66 01218 66 01218 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Type or Print) 66 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admit 3. PLACE OF DEATH IN BALTIMORE MARTLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) CITY OR TOWN (If outside city limits, write RURAL and give lownship MARRIED, NEVER MARRIED 5. SEX OF BIRTH 9. AGE (In years If Under 1 Yr. If Un Months Doys Hours If Under 24 Hrs. Hours Min. WIDOWED, DIVORCED (specify) lost birthdoy 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF BIRTHPLACE (State or foreign country WHAT COUNTRY? done during most of working lite, even if retired) 13. FATHERS NAME MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMAN ADDRESS 6. SOCIAL (Yes, no opunknown) (If yes, give wor or dotes of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the remains UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A) A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF A 21 B. PLACE OF INJURY (e.g., in or obout 21%, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) obtained (Month) (Doy) (Hour) 21E. INJURY OCCURRED (Yeor) 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work AT Work 22. I certify that (I) (this hospital) attended the deceased from pe that (1) (we) lost saw the deceased alive on.ond that in (my) (aur) apinion death accurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED Allending Phys. Med. Phys. M.D. Director approval 23 C. PHYSICIANS 23D. ADDRESS MAME (Type) GROSS UNION MEMOIRAL HOSPITAL BRIAN H. M.D. 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) written Burial Kedeemer (emetery DIFFCTORUCK 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

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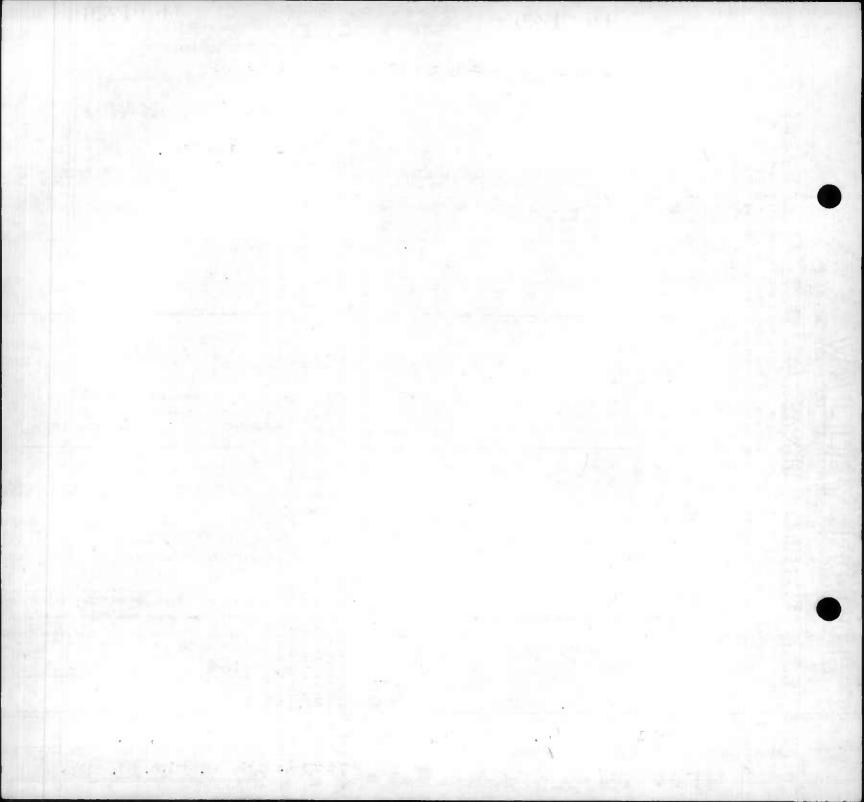
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				BALTIMORE CITY	HEALTH DEPAR	TMENT	,	1/2 1.1 1.2	0.0
BIRTH NO	. 66	0121	9	CERTIFICA	TE OF DE	ATH	Registered No.	6 1121	97 7
M.E. CAS 1. NAME (Type or P	OF DECEASED	Mary	٤.	Finnegan			HOUR OF DEATH		15 P
3. PLACE	OF DEATH IN BA	LTIMORE MAI	RYLAND	Janutegar	4. USUAL RESID		deceased lived. If i		
FULL N HOSPIT	AL OR odd	not in hospito(c tress or location		give street	Md.	VN (If outsi	de city limits, write	RURAL and give t	lownship)
48	802 (laye	bury Av	e.		D. STREET ADDR	RESS (If ru	#0 rol, give (ocotion) ry Ave.		
5. SEX	rle whi		widow		8. DATE OF BIRTH	873 6	AGE (In years st birthday)	It Under 1 Yr. Months Doys	(f Under 24 Hrs Hours Min.
Hou	sewife		_	on Home	Maryla 14. MOTHERS M	State or foreign		12. CITIZEN OF	
	vard Smi	th			Mary S	C1 . /			
15. Was C	eceased Ever in U unknown) (If yes, g	. S. Armed Ford	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Mrs Mary			ADDR Same	ESS
heoit injuly DISE.	does not mean failure, asthenio, or complication	the mode of elc. It means which caused ENT CAUSES DITIONS, if	dying, e.g., the disease, death.)	CAUSE O	A	ezed .	arterios	ONSET	AL BETWEEN AND DEATH
NO TO	ER SIGNIFICANT C THE DEATH BI ASE OR CONDITION DATE OF OPERATION	II CONDITIONS C TON TELA ON CAUSING I	TED TO THE	O New YHICH OPERATION	m on t		20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSI	IDERED
OR C	ACCIDENT WAS L ONTRIBUTING (H (notify medicol e	CAUSE OF	hom etc.)		fice bldg., INJURY	OCCUR?		re City, give exact	(ocotion)
OF IN	IJURY	(Doy) (Year)		INJURY OCCURRED le At		W DID INJU	RY OCCUR?		
that	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on 19 and that in (my) (our) opinion death accurred on the day and haur and from the causes stated above. (I) (We) (distrot) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED								
1		om cla			5 5 0 C	Bou	nleys	2/41 Lange 30,	
bur	ial CREMATION, OVAL (Specify) E REC'D BY HEAL	2/8/6	1/ 0	arkwood Cemer of REGISTRAR			timore,		(State) DDRESS

Leonard Jo Ruck Inc Baltimore, Md.



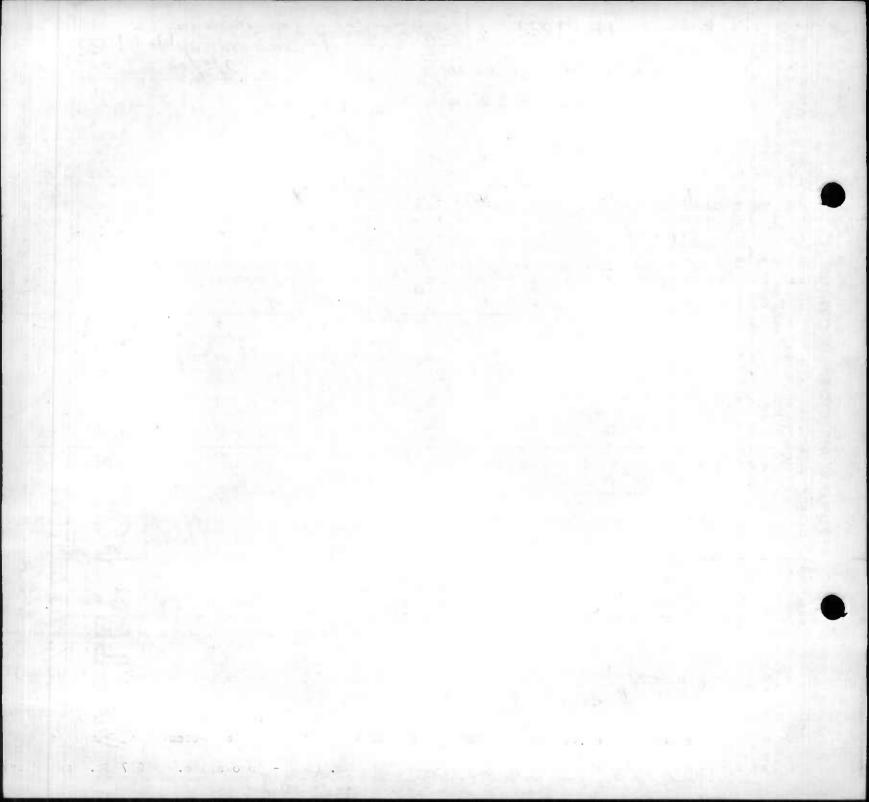
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BIRTH NO.	66 012	(20)	CERTIFICA	TE OF DEATH		
M.E. CASE NO.	ASED			2. DATE	AND HOUR OF DEA	TH
Type or Print)	P	611	ENC - at	1		
	losche	ELLI	EN, GERTI	LUDE, 2	-d-66	l institution: residence before odmi
. PLACE OF DEA	TH IN BALTIMORE, MA	RILAND		A. STATE B. CO	UNTY	I institution: residence before odmi
				1 11 1 1 1 1 1	1 1	770
FULL NAME OF	(II not in hospital address at lacotion		give street	PRYLA	VB	te RURAL and give township)
INSTITUTION						te KUKAL and give township!
				BALTIM	ORC	
Mart	eBeLLO	STATE	HOSDITAL	D. STREET ADDRESS D	(If Jurol give locotion)	. hv
LIONI		0////-	11-0	2446	EXECUTE AND UNION	A Property
SEX	6. RACE	7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
		WIDOWED	NEVER MARRIED , DIVORCED (specify)		(last birthday)	Months Doys Hours A
F	ω	MAR	RIED BUSINESS OR INDUSTRY	12-27-1893	72	
		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
ane during mast of w	arking life, even if retired)					WHAT COUNTRY?
HOUSE 3. FATHERS NAM	wife			BALTIMO	RC	USA
3. FATHER'S NAM	E			14. MOTHER'S MAIDEN N	IAME	
1 .	, ,			,		
JOHN	HORAN			17. INFORMANT	1GAN	
es.no or unknown	HORAN Ever in U. S. Armed Far (If yes, give wor or date	ces?	1 6. SOCIAL SECURITY NO.			ADDRESS
. 0	, 00, 8.10			11-1	0	
No			NONE	HOSPITAL	RECORDS	
18.	5 X I		CAUSE	F DEATH /		INTERVAL BETWEEN
DISEASI	OR CONDITION DI	RECTLY				ONSET AND DEAT
	LEADING TO DEATH		in Con	REBRAI THE	DMADSIS	21,45
(This does no	I meon the mode of	dying, e.g.,	DUE TO	<u> </u>		
heart foilure, o	asthenia, etc. II means	the diseose,				
injury or comp	olicotion which caused	death.)	1.1		A . A D	110 110 110
A	NTECEDENT CAUSES		DUE TO	pertensive s	-AKD/OVASC	Jears Gears
DISEASES	R CONDITIONS, if	any aivina	DOE 10 / /	BETES Me	Disease	- '
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OTHER SIGNIE	ICANT CONDITIONS C	ONTRIBUTING	3			
UNDERLYING CONDITION lost. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISPASS OR CONDITION CAUSING IT.						
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19A. DATE OF	WAS PER		THICH OFEKATION	A LIGHTSTERES OF	IN CERTIFYING	CAUSES OF DEATH?
				146		
D 21A. ACCIDEN	T WAS UNDERLYING	218.	PLACE OF INJURY le.g.,	in or about 21C. WHERE DID	Ilf in Baltir	nore City, give exact location)
	TING CAUSE OF medical examiner	hom etc.)		office bidg., INJURY OCCUR		
2						
21 D. TIME (Manth) (Day) (Year) Haur) 21 E. INJURY OCCURRED OF INJURY			21 F. HOW DID	INJURY OCCUR?		
While At Not Whi						
		Wor	k			
22. I certify	that (N) (this hospital) attended th	ne deceased fram	march 9	19 64 10 7	ebruary 20 19 6
that (1) (we)	last saw the decense	d alive on	7 ebruar.	2 1966 and		apinian death accurred an th
			//			
and have and	fram the causes sta	ted abave. (I) (Me) (did) (did nat)	view the bady after deat	h.	
23A. SIGNATU	RIF 1	col .				23B, DATE SIGNED
11/1	mas P			ending Med.	Staff Phys.	2-2-66
1	1 / 1	ound	ely Ph		Phys.	7 4 66
23C. PHYSICIAN	n e)		//	23D. ADDRESS		
T	THOMAS P. C	ONNETT	M.D.	MONTEBE	LLO STATE H	OSPITAL
AA BIIDIAI CREA	MATION, 24B. DATE		ME of CEMETERY of CR			
REMOVAL IS	pecify)			the state of the s	LOCATION	(City, town, or county) (S
Burial		. Hol	y Redeemer Ce	meterv	Baltimo	ore, Md.
SA. DATE REC'D		258. NAME C		25C. FUNERAL DIRECT		ADDRESS
Drive New D	ar arecount when		- ASWIRINGS	7		
EED 7	1000 A a	007	M KA B O	Deonald 4.	mck Inc. Da	lto. Md. 21214
S 150 R.V. 1/1/6	5 1000 (100)	,5,00	Non-Fall		*	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
proved by the hosp and uny nature (except vercept verc

	00.040	00	BALTIMORE CITY		V		
BIRTH NO. M.E. CASE NO.	66 012	22	CERTIFICA	TE OF DE	ATH	Registered No.	6 111000
Type or Print)	6 - 1	•	,		2. DATE AN	D HOUR OF DEATH	The Contract of the Contract o
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	vanita	D	YUIN			2/5/66	
B. PLACE OF DI	EATH IN BALTIMORE, MAR	YLAND		A. STATE	8. COUN	re deceoded lived. If in ITY	stitution; residence before admission
FULL NAME	OF (If not in hospital a	r institution,	give street	Vivo	ina		V-43
HOSPITAL OR	oddress or location)			C. CITY OR TOW	/N (If ou	tside city limits, write l	RURAL and give lownship)
0		, ,		Bar	boors	suille	
MION	Memorial	Ho	5 p	D. STREET ADDE	tess (If	rurol, give location)	
			*				
5. SEX	6. RACE	WIDOW	D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTI		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
F	W		WIDOW		19.	66	
	CUPATION (Give kind of work) f working lile, even it retired)	OB, KIND C	OF BUSINESS OR INDUSTRY			. /	12. CITIZEN OF WHAT COUNTRY?
retir	A			CHARLO	TTE	SVILLE, VA	U, S.A.
13. FATHER'S NA	ME			14. MOTHER'S M		The same of the sa	
0501	AR LEIGH	TON	MUNDY	SA	114	BRO	WN
5. Wos Decease	d Ever in U. S. Armed Forc	os?	1 6. SOCIAL	17. INFORMANT			ADDRESS
. /	(n) (fl yes, give wor or dotes	ol service)	SECURITY NO.	OSCAR	R. M.	UNDY 5	18 EAST 38"
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heart failure	, asthenia, etc. II means	the disease				1	
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	OR CONDITIONS, if a he above cause (A)						
	IG CONDITION last.						
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A DISEASE OF	CONDITION CAUSING IT			150.	- 19	1 000	
19A. DATE O	F OPERATION 198. CONE		WHICH OPERATION	20A. AUTOPSY	? (Yes or No	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
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OR CONTRIE	ENT WAS UNDERLYING DELITING CAUSE OF	ho	B. PLACE OF INJURY (e.g., i	fice bldg., INJURY	OCCUR?	til in politimore	City, give exact location)
U	fy medical examiner	ete	C.)				
OF INJURY	(Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21 F. HO	M DID INT	URY OCCUR?	
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_) last saw the deceased		-			ar in (my) (aur) api	nian death accurred an the do
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6	Shealan !	Fer	ehe Phy	s. Di	rector	Phys.	2/5/66
23C. PHYSICI	ANS	-		23D. ADDRESS			1
	Hudson	Ye	sche M.D.				
24A. BURIAL CR		24C. P	NAME OF CEMETERY OF CR	MATORY	24D. L	OCATION (C)	ty, town, or county) (Stote)
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Remova			OAKWOOD CEME	TERY 25C. FUNERAL	DIRECTOR		ville, Virginia
TO THE REC	J. HEALIN DEFT.	TOWN HAMINIE	O. REGISTRAR	250. TOREKA	DIRECTOR	`	ADDRESS
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/S 150-REV, 1/1	1966 (P. B.	2 30	Broth C >	Wm. Co	ook - F	Brooks, Inc.	1217 St. Paul S



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cause; (5) Deceased prior to death. Such

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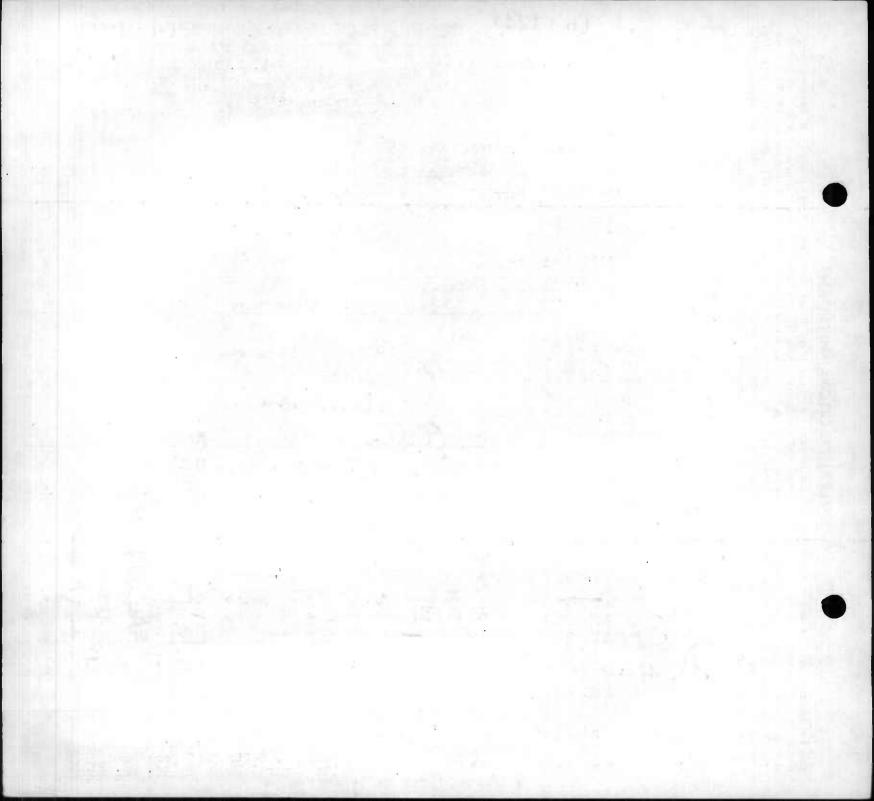
deceased prior to death); and (6) No physician was in regular attendance on the

SET INFORMATION CERTIFICATE OF DEATH Registered No. M.E. CASE NO. THAMAS OF DECEASED ITAMAS OF HOSPITAL OR Oddess or incession. Baltimore, Md. 21234 S. SEX S. SEX S. SEX S. BACE White Baltimore, Md. 21234 S. SEX MARRIED, NEVER MARRIED White HO. USUAL OCCUPATION (Give kind of work) 10E KIND OF BUSINESS OR INDUSTRY 10. HOME Mary In M. SET AND HOME Mary In M. SET AND Baltimore, Md. William Wimmer T. WAS Deceased Ever in U. S. Amed Forces? It won in work of doles of service) DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., healt folius, osthenic, etc. It means the disease, injury or complication which coused death). ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to like above couse (Al steining the UNDERLYME CONDITION) or in the property of the country of the condition of the conditio
I. NAME OF DECEASED (Type or Pind) Ada. I. Jones 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR HOSPITAL
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR
FULL NAME OF HOSPITAL OR INSTITUTION 3109 Harview Avenue Baltimore, Md. 21234 5. SEX 6. RACE White White 10A. USUAL OCCUPATION (Give kind of work) done during most of working life, even if relired) HOMEMBARY HOMEMBARY HOMEMBARY 13. FATHERS NAME William Wimmer 15. Wos Deceased Ever in U. S. Amed Forces? (Yes, no or unknown) liff yes, give wor or dotes of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not men the mode of dying, e.g., head follow, ost-limic, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stelling the
HOSPITAL OR INSTITUTION 3109 Harview Avenue Baltimore, Md. 21234 5. SEX 6. RACE Temple White 10A. USUAL OCCUPATION (Give kind of work) Homemaker 13. FATHER'S NAME William Wimmer 15. Wos Deceased Ever in U. S. Armed Forces? (16e., no ar unknown) (Iff yes, give wor or doles of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heard foliule, osthenio, etc. If meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the boove couse (A) stoking the
Baltimore Baltimore, Md. 21234 Baltimore D. STREET ADDRESS (If rural, give locotion) 3109 Harview Avenue 5. SEX 6. RACE WidowEd, Never Married White WidowEd, Divorced (specify) Merried Sept. 11, 1891 74 Sept. 11, 1891 74 Sept. 11, 1891 74 Sept. 11, 1891 74 IGA USUAL OCCUPATION (Give kind of work 108 KIND OF BUSINESS OR INDUSTRY) Homemaker 13. FATHERS NAME William Wimmer 14. MOTHER'S MAIDEN NAME William Wimmer 15. Wos Daceased Ever in U. S. Armed Farces? No Sept. 17. Informant Amanda Lynch 16. SOCIAL SECURITY Nd. No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH (This does not meen the mode of dying, e.g., head followe, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the
Baltimore, Md. 21234 D. STREET ADDRESS (If rurol, give location) 3109 Harview Avenue S. SEX S. RACE White White White Wipowed, Divorced (specify) Married Sept. 11, 1891 74 Sept. 11, 1891 Sept. 11, 1891 Sept. 11, 1891 Sept. 11, 1891 Sept
White Married Sept. 11, 1891 The Married Sept. 11, 1891
10. USUAL OCCUPATION (Give kind of working life, even if relired) Homemaker 13. FATHER'S NAME William Wimmer 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (Iff yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. NO 17. INFORMANT Mrs. Gustave Runge (Daughter) Noset And Death (This does not meen the mode of dying, e.g., heoof loilure, osthenio, etc. It meens the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the
Homemaker 13. FATHERS NAME William Wimmer 15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dates of service) NO Mrs. Gustave Runge (Daughter) Same CAUSE OF DEATH (This does not meen the mode of dying, e.g., heard foilure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the
14. MOTHER'S MAME William Wimmer Amanda Lynch 15. Wos Deceased Ever in U. S. Armed Farces? (Yes, no arunknown) (Iff yes, give wor or dotes of service) No No To Disease Or Condition Directly Leading to Death (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It meens the disease, injury or complication which coused death.) Antecedent Causes Diseases Or Conditions, if ony, giving rise to the above couse (A) stating the
William Wimmer Amanda Lynch 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) NO 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the
(Yes, no or unknown) (If yes, give wor or dotes of service) NO Mrs. Gustave Runge (Daughter) Same CAUSE OF DEATH ONSET AND DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It meens the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the
Mrs. Gustave Runge (Daughter) Same Its. DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It meens the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OF CONDITIONS, if ony, giving rise to the above couse (A) stoting the
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the
LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the
rise to the obove couse (A) stoting the
UNDERLYING CONDITION TOST.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CHEETEN TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.
198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, form, factory, street, affice bldg., DEATH (notify medical examiner) DEATH (notify medical examiner) OF CONTRIBUTING CAUSE OF Control of the property of
21D. TIME (Manth) (Doy) (Year) (Haur) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
White At Not White
Walk At Work
22. I certify that (I) (this hospital) attended the deceased from 1965 to 1965
that (1) (we) last saw the deceased alive an 10 3 19 66 and that in(my) (we) apinian death accurred an the
and have and from the causes stated above. (1) (1) (did) (did (did not) view the bady after death.
23 SIGNATURE 238, DATE SIGNED
M.D. Attending on Med. Stoff
Phys. Director Phys.
PSC. PHYSICIAN'S / NAME (Type)
Donald W. Mintzer M.D. 3009 Evergreen Avenue
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (St
REMOVAL (Specify) Rurial 2/4/1966 Parkwood Cemetery Beltimore Md
Dar of more
256. DATE REC'D BY HEALTH DEPT. 258 NAME OFFICE STREAM 25C. FUNERAL DIRECTOR PORT Road ADDRESS EUGENIA R. Seitz Funeral Home Palto, Md. 21212

In ocyw, Mints	M.D. Attending Med. Stoff Phys.
C.PHYSICIAN'S	23D. ADDRESS
NAME (Type)	7500 7

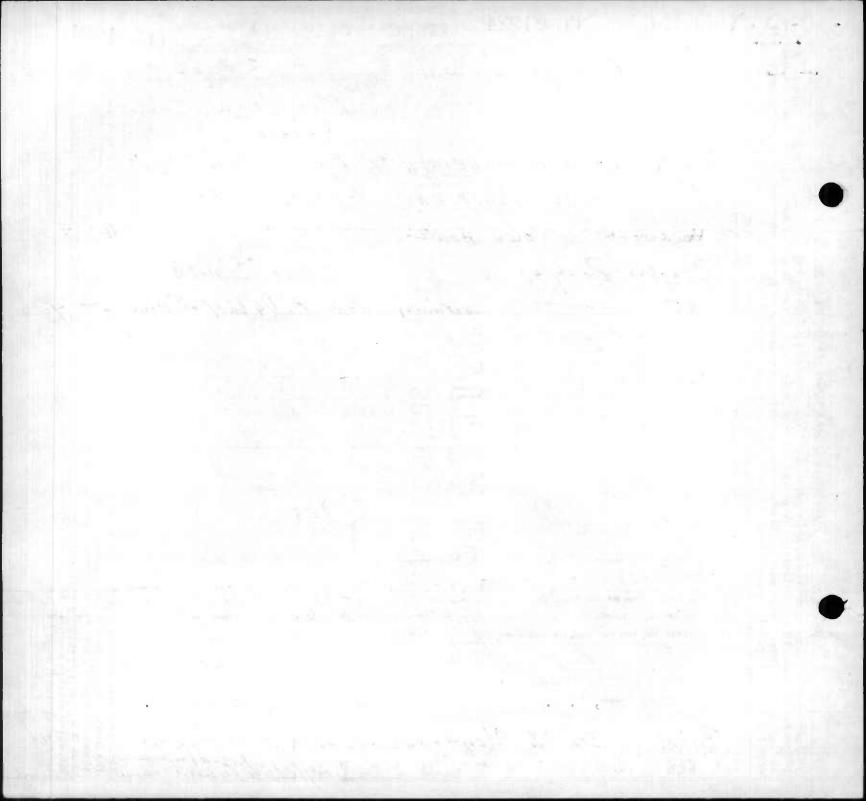
25 Funeral Disector Eugenia R. Seitz Seitz Funeral Hor tz 5209 York Home Balto.

VS 150-REV, 1/1/65 1)



the bady was released to the hospital by a medical examiner. Also, if the direct or cantributing cause of death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deseased was D.O.A. at a haspital (except where the physician wha pronounced death was in regular attendance on the deceased prior to death); and (6) Na physician was in regular attendance an the deceased prior to death. Such written approval must be abtained befare the remains are embalmed ar final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a haspital and

T			HEALTH DEPARTMENT		
	IRTH NO. A.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	01224
1	NAME OF DECEASED	1 31 11		HOUR OF DEATH	
1	PLACE OF DEATH IN BALTIMORE, MARYLAND	Du Va //	4. USUAL RESIDENCE (Where A. STATE B. COUNT		on: residence before odmission)
	FULL NAME OF (If not in hospitol or institution) HOSPITAL OR oddress or locotion) INSTITUTION	on, give street	c. city or town y li outs	ide city limits, write RURA	ond give township)
1			SEVETA D. STREET ADDRESS III 19	and also be at least	2-00
1	South Baltimore G	Eneral Hos	p. Bt. #3	Box #141	F.
5	F. 6. RACE 7. MARR WIDD	WED, DIVORCED (specify)		ost birthdoy) Mod	Under 1 Yr. If Under 24 Hrs. Min.
1	OA. USUAL OCCUPATION (Give kind of work 10 B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or loreign	n country) 12.	CITIZEN OF WHAT COUNTRY?
	Housework ou	v Home	W. Vi	rginia.	4-5.12
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
	Charles Broyles		Oma	Smith	
10	5. Was Deceased Ever in U.S. Armed Forces? (es, no or unknown) (II yes, give wor of dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	no -	artner	John t. 14	1/4/1 - Am	e out of
	DISEASE OR CONDITION DIRECTLY	CAUSE	DEATH .		INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)	CHF		
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the disea	B.g., DUE TO		10 000 000 000 000 000 000 000 000 000	***************************************
	injury or complication which caused death.)	.00	ASCUT) ,	
	ANTECEDENT CAUSES	DUE TO		F	# MM***********************************
	DISEASES OR CONDITIONS, if any, giverise to the obove cause (A) stating				*** *********************************
	UNDERLYING CONDITION last,			,	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	TING	Pare		
	DISEASE OR CONDITION CAUSING IT.		1-reun		
	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimore City	, give exact location)
	DEATH (notify medical examine)	elc.)	mice bidg., MOOKI OCCOK:		
	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	(APPROX)	While At Work Not Whi	le		
	22. I certify that (this hospital) attended			66 to Z	19.66,
	that (F(we) last saw the deceased alive	n 2-Z	19 6 and that	t in (ap) (aur) aplnian	death accurred an the date
	and have and from the causes stated above	a. (1) (We) (did) (did nat)	view the bady after death.		
	23A. SIGNATURE	I ex M.D. AH	ending Med. S	toll on a	DATE SIGNED
	23C. PHYSICIAN'S	Phy	s. Director P	hys.	2-2-66.
1	NAME (Type)	T _{MD}	Carable Dall Line	2	
12	Allen Frey, M. D. 4A. BURIAL CREMATION, 24B. DATE 24G	M.D.	Dongi Darormore		wn, or county) (State)
-	PREMOVAL (Specily)	11. 1/4	in cause		201
2	SA. DATE REC'D BY HEALTH DEPT. 258, MAN	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	B. DURPIL	ADDRESS
	FEB 7 1966 Coloub Eg	Takey III	O Pisalatiz	Kolont lugar	The / Blank in
IE	S 150-REV. 1/1/65		11000	1 money	and wall server



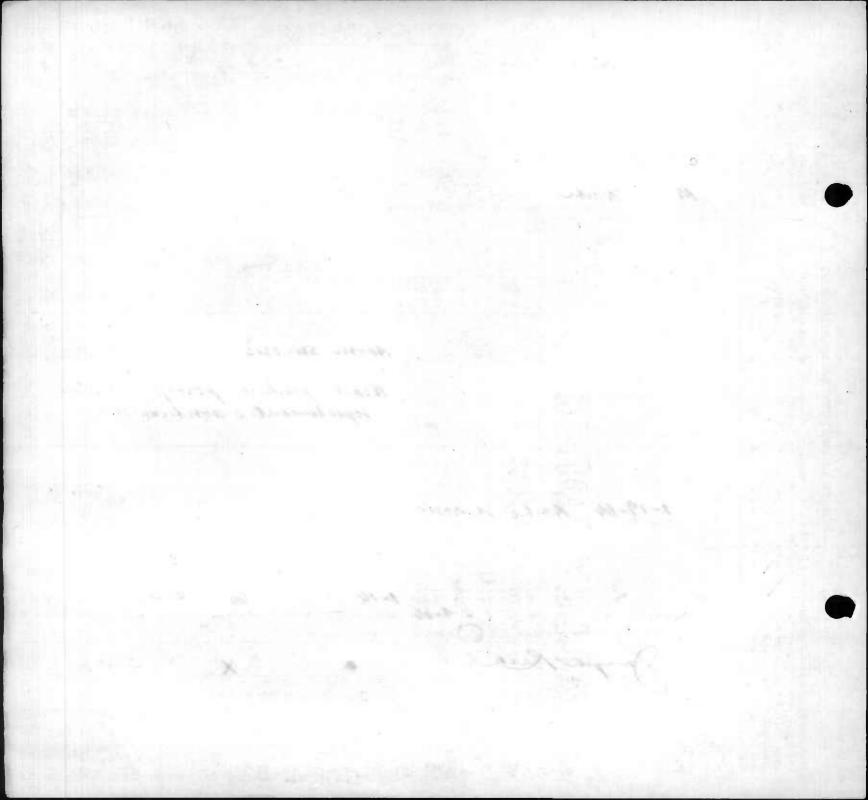
BALTIMORE	CITY	HEALTH	DEPA	PTMENT

BIR	TH NO.	11225 MED		KAMINER'S CI			DEATH Registe	66 U	1552
M.	E CASE NO.								
1.	NAME OF DE			C		2. DATE AN	D HOUR PRONOUNC	ED DEAD	
,	pu 01 1 11114	BERNARD	L.	WINGATE, SA		Ja	nuary 30, 1	966	6:04 P.M.
3. 1	PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE		deceased lived. If ins	titution: residence	
HO	LL NAME OF	(IF NOT IN HOSPITA		UTION, GIVE STREET	C. CITY OR TO		e corporate limits, writ	e RURAL ond gi	ve township)
1)		BALTIMORE	CITY H	00PITALS	D. STREET ADD			t #24.	
5. 5	Male	6. RACE White	WIDOWED,	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRT	H	9. AGE (In years lost birthdoy) 49		r. If Under 24 Hrs s Hours Min.
don	Shipping most of	working life, even if retired) 2 Dept.		E BUSINESS OR INDUSTRY	Balt	imore,	Md.	12. CITIZEN C	
13.	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN								
	s, no or unknown	D EVER IN U.S. ARMED (If yes, give wor or dote		16. SO CIAL SECURITY NO.	17. INFORMANT		1400	S Broenis	ng Highwy
	yes	1945 -1	948	217-01-0496	Mrs. Va	Uas A.	Hunt Bal	to., 24, M	L.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., head folius, est, if means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE GAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED ATTERIOSCIETOTIC CARDIOVASCUIAT (A) DUE TO DUE TO (B) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED									
EDICAI	ZIA. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exect location) home, form, foctory, street, office bldg., INJURY OCCUR?								
Σ	21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK								
22. Certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinion rasulted fram: Natural causes Accident Suicide Hamicide Undetermined manner									
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED								
	EXAMIN NAME (Type) Russ		Fisher, M.D.	ASSOCIATE M			1	-31-66
	MOVAL (Specif	MATION, 238 DATE		C. NAME of CEMETERY o				, town, or county	
24	Duria	BY HEALTH DEPT.	24R NAAR	St. Stanisla		AL DIRECTOR	15 Boston A	re. Balto.	,24,11d
241	EEB 7	1966 Q.L.	12.3	Chicag Mil	leha.	Des &	Toiler Bi	5. CONRELL 9LTO, 24	REST.
VS	151-REV. 1/1/	65	9	5000			V		

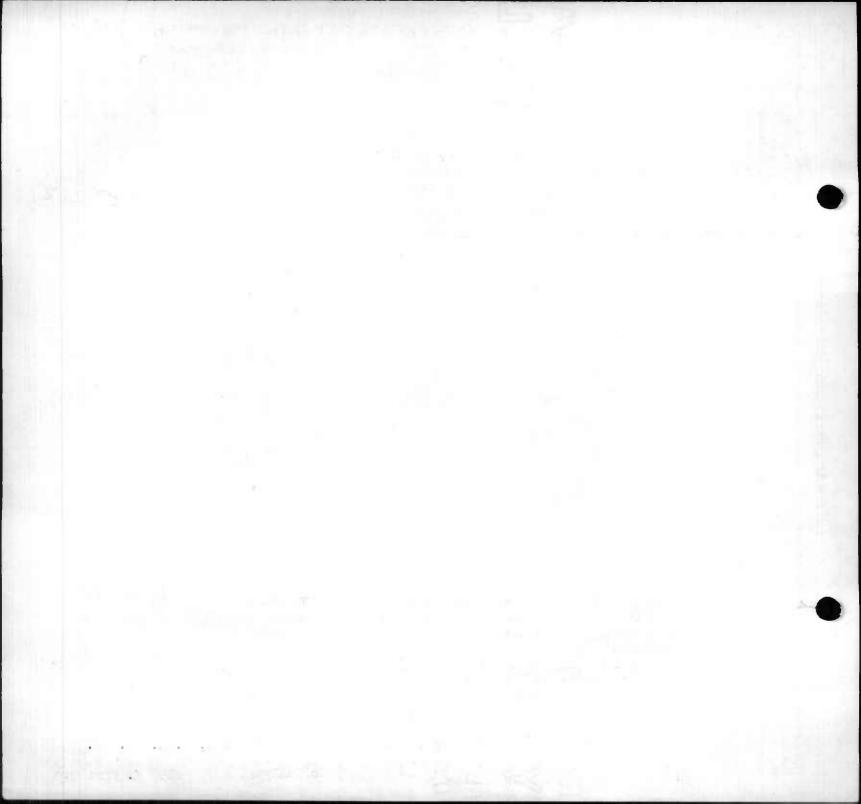
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	BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO. M.E. CASE NO. 66 01226	CERTIFICA	ATE OF DEATH Registered No.	6 41226
1. NAME OF DECEASED (Type or Print) Aus Vin Ward	fr.	2. DATE AND HOUR OF DEAT 2 - 4 - 66 4. USUAL RESIDENCE (Where deceased lived, If	Me
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	9	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before admission
FULL NAME OF (If not in hospitot or institution, give st HOSPITAL OR oddress or location)	reet	Maryland (Il outside city limits, with	Ballet e RURAL and give township)
·		Baltimore D. STREET ADDRESS (If rurol, give locotion)	53-00
The Johns Hopkins Hospital		7907 Wynbrook Road	
5. SEX 6. RACE 7. MARRIED, NEVE WIDOWED, DIV Married	R MARRIED ORCED (specify)	B. DATE OF BIRTH 6-13-24 9. AGE (In years lost birthday) 41	II Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSII done during most of working life, even it retired)	NESS OR INDUSTR		12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	
Austin Ward Sr.		Cornelia Tawes	
15. Was Deceased Ever in U. S. Armed Forces? 116. St	OCIAL	17 INFORMANT	ADDRESS
(Yes, no or unknown) () yes, give wor or dotes of service)	ECURITY NO. -16-9605		
18. 4 21.11	CAUSE	OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		A Nei Che- acid	5 mal
(This does not meon the made of dying, e.g.,	DUE TO	Aprilie Stinosis,	
hearl failure, asthenia, etc. It means the disease, injury or camplication which coused death.)			
ANTECEDENT CAUSES	(B)	Heart failure post	top 2 willia
DISEASES OR CONDITIONS, if any, giving	DUE TO	Heart failure post	hierreplus
rise to the obove couse (A) stating the UNDERLYING CONDITION last.	(C)		
ONDERLING CONDITION 1681.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	YES	RE FINDINGS CONSIDERED CAUSES OF DEATH?
11 21A ACCIDENT WAS LINDED VING TO 218 PLAC	E OF INITION	in or obout 21 C. WHERE DID (If in Boltin office bldg., INJURY OCCUR?	nore City, give exact locotion)
	RY OCCURRED	21F. HOW DID INJURY OCCUR?	
While At	Not Wh	ile	
WOIK			2-4 19-66
22. I certify that (%) (this hospital) attended the de			
that (L) (we) lost saw the deceased alive an		and that In (my) (aur) o	apinian death occurred on the do
and haur and from the causes stated abave. (I) (We	(dld) (dld nat)	view the bady ofter death.	23B. DATE SIGNED
23A. SIGNATURE	M.D. A	ttending Med. Stoff	
22C BHYCICIANO	Ph	ttending Med. Stoff Phys. 23D. ADDRESS	2-4-66
Joweph Rich	M.D	Mh - Tohma Honking He	spital
24A. BURIAL CREMATION, 24B. DATE 24C, NAME	S CEMETERY OF C	REMATORY 24D. LOCATION	(City, town, or county) (State)
Burnal 2-8-66 Oak	Jawn.	Cemetery Balto &	Es. Ind.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REC	GISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
EEB 7 1966 G. D. BUE Ja	Poster 17	Comello Turreral Im	ee - 300 mace aux
VS 150-REV 1/1/65		Dill.	

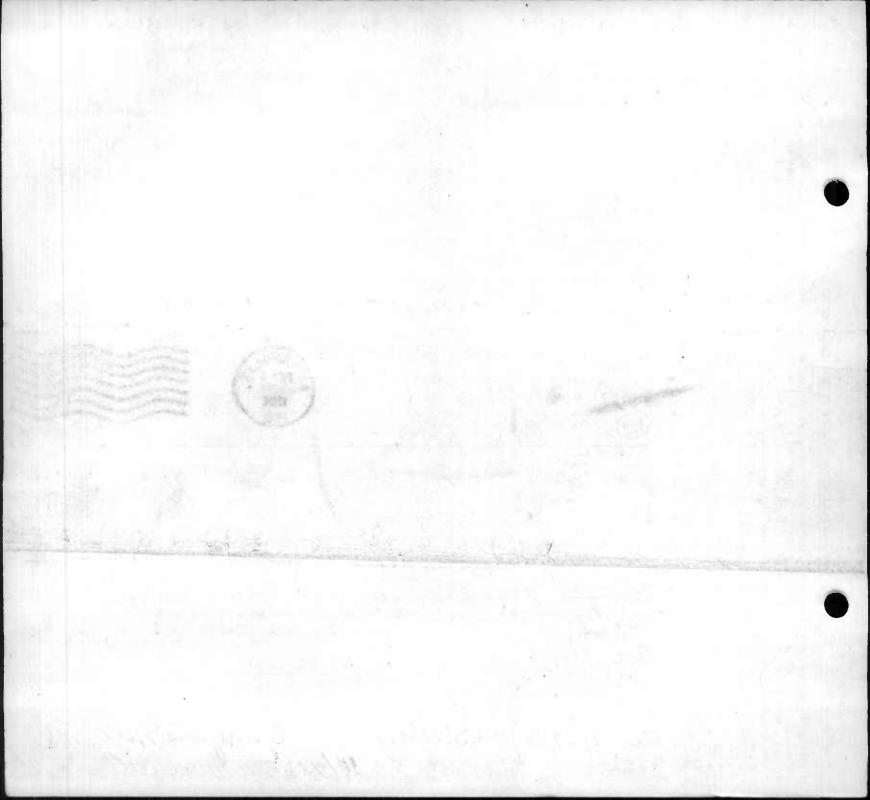


	BALTIMORE CITY HEALTH DEPARTMENT	
14	MIETH NO. 10131566 01227 CERTIFICATE OF DEATH	egistered Na G U1227
1, I (Ty	T. NAME OF DECEASED (Type or Print) BURKE, William Godfrey 2. DATE AND HO	-4-66 1 4 = PM.
3.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where dec	eosed lived. If institution; residence before admissiont
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION (If not in hospital or institution, give street C. CITY OR TOWN (If outside of	city limits, write RURAL and give township)
1	D. STREET ADDRESS (If rurol,	give locotion)
1	University of Mg 2726 As	shland Are (#5)
5.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AG lost b	E (In years inhoto) If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIR HPLACE (State or foreign co	unity) 12. CITIZEN OF WHAT COUNTRY?
100	man (au	d IICA
13	13. FATHERS NAME	- H
1	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
(Y)	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes give wor or doles of service) 16. SOCIAL SECURITY NO.	ther)
	18. CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Reprivation 12	10st 26.5
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	
	injury or complication which caused death.)	mis 19hrs
	ANTECEDENT CAUSES DUE TO	
	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the (C)	
	UNDERLYING CONDITION last.	
MOITA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
Claire	U 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or Not) 20B	CERTIFYING CAUSES OF DEATH?
14	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
100	21D. TIME (Month) (Doyl (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY	OCCUR?
*	(APPROX.) While At Not While At Work	2/16/6
	22. I certify that (I) (this haspital) attended the deceased from (1977) and that in	10 9 47 60 19
	That (I) we) ust sow the deceased drive on	(my) (our apinian deoth occurred on the dote
	and hour and fram the causes stated obove. (1) (Me) (did) (did nat) view the bady ofter death.	23B. DATE SIGNED
	Attending Med. Director Phys.	2-4-66
	23C. PHYSICIAN'S NAME (Typel	
	M.D.	
24	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCAT	
21	Burial 2 7 1966 Cedar Hill Brook	Lyn, A. A. Co. Md.
	FFR 7 1966 O O 1 C C TO DAME ONLY O	130 E. Fort Ave
V	VS 150-REV. 1/1/65	LJV He FULL YE



This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO.	1.63 1110	OC.	BALTIMORE CITY		Registered No.	111000
M.E. CASE NO.	66 012	20	CERTIFICA	TE OF DEATH	11.00	
NAME OF DEC	Holland,	Cheste	rfield		nd hour of death lary 21, 19	
. PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Wh	ere deceased lived. If i	nstitution: residence before admission)
FULL NAME O	F (If not in hospital oddress or locatio		ve street	Maryland, A		
Z	Johns :	Hopkins	Hospital	Annapolis	f rural, give location)	52-10
				RFD 3, Edg	ewood Road	â
Molo	6. RACE	WIDOWED,	DIVORCED (specify)	8. DATE OF BIRTH 8-27-11	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
lone during most of	working lile, even if retired)		married BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	2.4	12. CITIZEN OF WHAT COUNTRY?
rainting				Maryland		US
3. FATHER'S NAM Leroy	Holland			I. MOTHER'S MAIDEN NA		
	Ever in U. S. Armed For		6. SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS
Unknown			214.05.1495	Thomas	MI LACOI	10 Dewidson Num
DISEASES (ise la lib UN DERLYIN (O THER SIGNI TO THE D		any, giving stoling the CONTRIBUTING ATED TO THE	(B) DUE TO	20A. AUTOPSY? (Yes of N	lo) 208. IF YES, WERE	FINDINGS CONSIDERED
OR CONTRIBUTED DEATH (notify	NT WAS UNDERLYING DING CAUSE OF	No 218, home etc.)	, form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(II in Boltimos	e City, give exact locotion)
OR CONTRIBL	NT WAS UNDERLYING DING CAUSE OF	No 218, home etc.)	INJURY OCCURRED At Not While	n or obout 21C. WHERE DID find bldg., INJURY OCCUR?	(II in Boltimos	USES OF DEATH?
21 A. ACCIDE OF CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (1) (#4)	That (1) (this hospital lost saw the deceased from the causes sta	No latended the ed alive on J.	of the property of the propert	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN cember 13 19 66 ond to the bady after death.	(II in Boltimos JURY OCCUR? 1925 to Jai hat in (my) (aur) ap	e City, give exact location)



BIRTH NO.

1 NIABAR OF	NO.						To OATE	THE HOLL	- 05 054	70 :	1.260	
1. NAME OF (Type or Print)	1	ITNER,	FUGEN	F W					R OF DEA	1965	1	2:3
FULL NAM HOSPITAL INSTITUTIO	ME OF (If no oddre	LTIMORE, MARY not in hospital or ress or location) AGNES	YLAND i institution, gi	give street	C.	USUAL RESI STATE MARYL. CITY OR TO BALT I	AND WN (IF	here deceo UNTY outside city	sed lived. I	f institution:	all and give tow	elore odmi
							HOWLA	(If rurol, giv		27 101	L6 HOWL	AND S
MALE	6. RACE	TE	WARR.	NEVER MARRIED DIVORCED (spe TED	3	-22-1	7	lost birth	_	If Und Month	der 1 Yr. s Ooys H	f Under 24 ours N
	ET AGENT	aven if retired)		RN GREYH			ETON,		,	12. CI	HAT COUN	TRY?
FREDE		LEITNER		(DECID)		ELIZA			NG	(DEC	(ID)	
NONE	eased Ever in U. : known) (II yes, give E	S. Armed Force re wor or dotes	of service)	SECURITY NO	121 S		irs. H	enriet 10SPI	ta S. TAL R	Le b tn	er, 10	16 Ho
CThis doe heart fail injury or DISEASE rise to UN DERL' OTHER S TO THE DISEASE 19A. DATE 21A. ACCOOR CONT DEATH (n) 21D. TIME	aes nal mean the ilure, asthenia, et a complication with a NTECEDEN ES OR CONDITION TO THE OR CONDITION TE OF OPERATION TE OPERAT	TO DEATH The made all delc. It means the which caused dent CAUSES DITIONS, if an acause (A) strong the cause (A) strong to the cause of the c	dying, e.g., the disease, death.) ny, giving stating the DITRIBUTING EO TO THE DITION FOR W DRMED 218, home etc.)	(A)OUE (B)OUE (C)	RY (e.g., in or estreet, office	COA. AUTOPS	sy?(Yes or	No) 208. I	F YES, WE ERTIFYING (If in Boltin	RE FINDING	ONSET A	
22. I cer	c) ortify that (I) (th (we) last saw t	the deceased	work attended the lalive an	e deceased from		19 65	3and	19 6		EBRUA	ARY 3	19 ed on the

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

The Market of Th THE PARTY OF THE P

IMPORTANT DIRECTOR: FUNERAL

(except any pe of eath) 8 hospit must accident ō 0 0 0 prior approv at An 4 eceased the body o written shows: å Was

24C. NAME of CEMETERY of CREMATORY

M.D.

Attending .Phys.

M.D

23D. ADDRESS

and have and from the causes stated above. (1) (46) (did) (did) (did) view the body after death,

LOWERY

HOPKINS THE JOHNS

Stoff

24D. LOCATION

Phy s. 1

(City, lown, or county) (Stote)

MARYLAND

23B. DATE SIGNED

HOSPITAL

2/7/66 NEW CATHEDRAL CEMETERY BURLAL REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 2SA. DATE 2SC. FUNERAL DIRECTOR

BALTIMORE,

ADDRESS

1966 VS 150-REV. 1/1/65

BRIAN

23A, SIGNATURE

23 C. PHYSICIAN'S

NAME (Type)

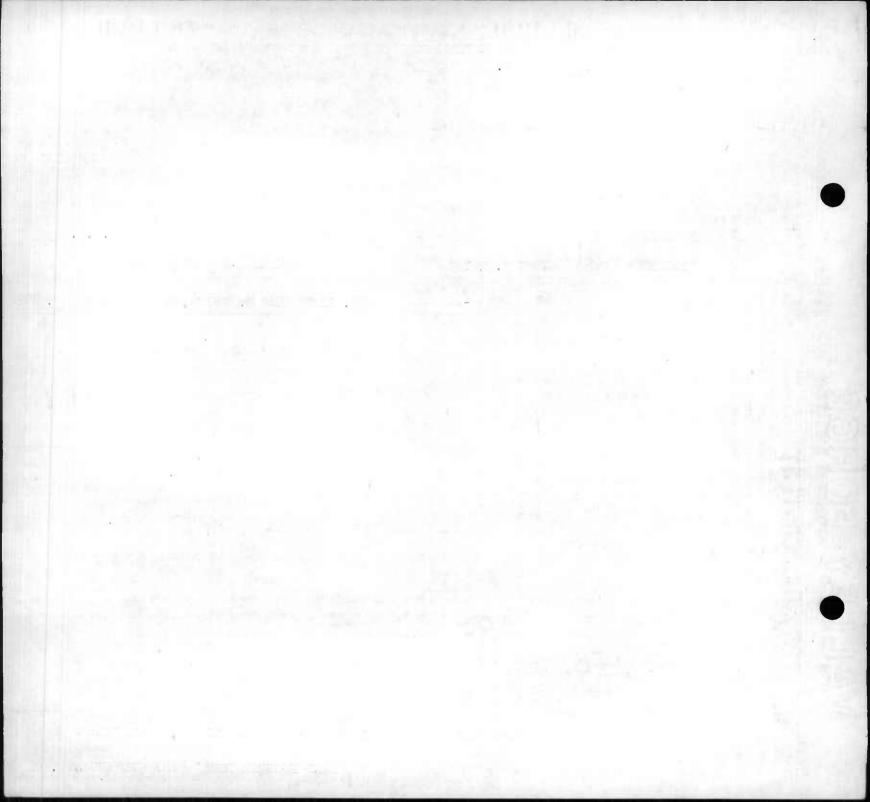
REMOVAL (Specify)

24A. BURIAL CREMATION, 24B. DATE

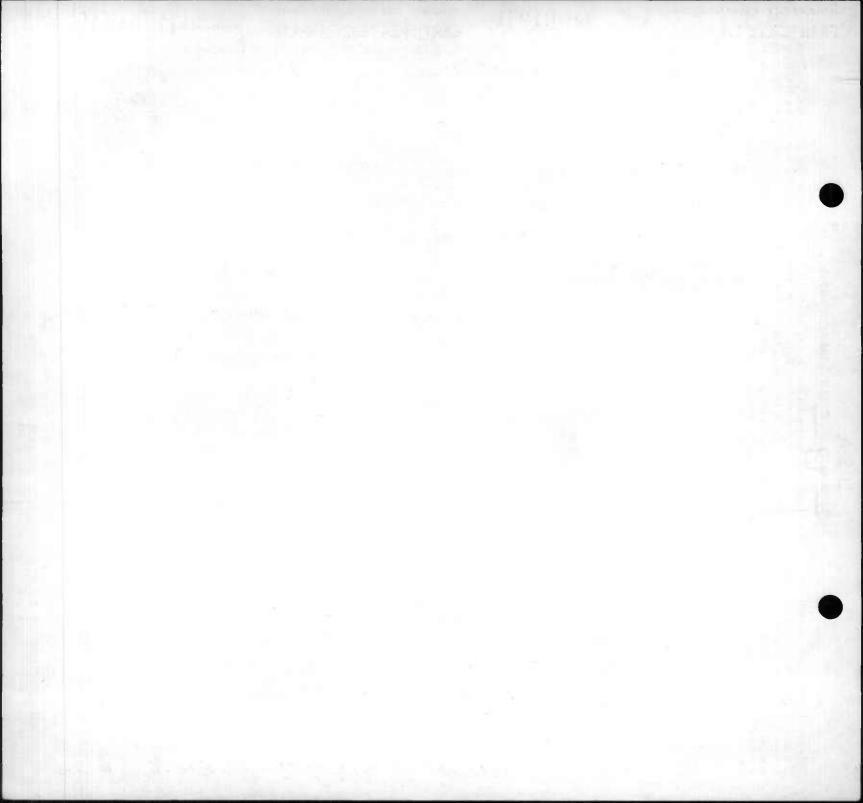
Med.

Director

HUBBARD FUNERAL HOME' 4107 WILKENS AVE. #29

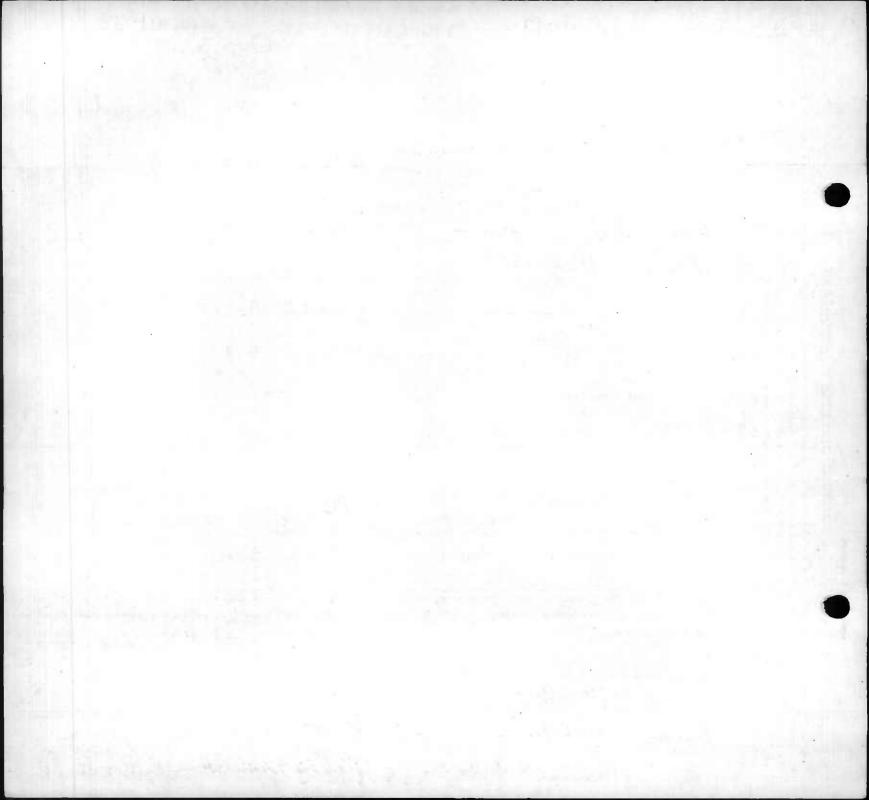


66 0123	BALTIMORE CITY	HEALTH DEPARTMENT					
M.E. CASE NO. ANASTASIA	CERTIFICA	TE OF DEATH	Registered Na	111231			
1. NAME OF DECEASED	1 1-11	2. DATE AND	HOUR OF DEATH	0			
3. PLACE OF DEATH IN BALTIMORE MARTLAND	OKITES	JA HSHAL RESIDENCE (Where	Out the con A to	tion: residence before admission)			
		4030 Ridgec	Υ / ,	Pall MAI			
HOSPITAL OR address or location)				Al and give township			
1				and 27-11			
Bon Secours	1 1 4 01	iral, give location)	101				
tayette st.		4030 Kidg	ecroft Ro	1. Spe 6			
5. SEX 6. RACE / 7. MARE WIDO	WED, DIVORCED (specify)		age (In years If Mest birthday)	Under 1 Yr. If Under 24 Hrs. onths Days Haurs Min.			
10A, USUAL OCCUPATION (Give kind of work 10B, KIN)	VET MATTIES	11. BIRTHPLACE (State or foreign	53	2. CITIZEN OF			
done during most of working life, even if retired)	1 0 0	9/ 1)	WHAT COUNTRY?			
BAR MAID DATE	ten Cafe	14. MOTHER'S MAIDEN NAM	enna,	U.S.			
91, 11, 1		Sn V	/ 1 1				
15. Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	os kie	ADDRESS			
(Yes, no or unknown) (If yes, give wor ar dates of servi	SECURITY NO.	9 19-	00-	1. 2. 0. 1			
18, 9 7 7	CALISE	or DEATH	rlokills -	1036 Wedgecroft &			
DISEASE OR CONDITION DIRECTLY	CAUSE	T DEATH V		ONSET AND DEATH			
LEADING TO DEATH	(A)	Par extrag	mille	7 days			
(This does not mean the mode of dying, heart foilure, osthenia, etc. It means the dise		1					
injury or complication which caused death.)	(B)	1 apti	1 amla				
ANTECEDENT CAUSES	DUE TO		· + · 10 1	1			
rise to the above cause (A) stating	rise to the obove cause (A) stating the						
UNDERLYING CONDITION lost.							
O OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING						
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20 A. AUTOPSY? IYes or No!	10 CERTIFYING CAUSES	INGS CONSIDERED S OF DEATH?			
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY leage, in home, form, foctory, street, o	n or about 21 C. WHERE DID	(If in Boltimore Cit	y, give exact locotion)			
DEATH (notify medical examined)	etc.)	mice biog., INJORI OCCOR:					
21D-TIME Manth) (Day) Year) Haur)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
(APPROX)	While At Whi At Work		79.10	/ /			
22. I certify that (1) (this haspital) attended	ed the deceased fram	1 1/2 8/19	6610	2/3/1966.			
that (I) (we) lost saw the deceased alive	on	3/19 66 and that		death accurred on the date			
and haur and fram the causes stated abov	e. (1) (We) (did) (did not)	view the body after death.					
23A. SIGNATURE ROSOL POTO	Shipes RUMAD. AH	ending Med. S	toff 💉	B. DATE SIGNED			
23C. PHYSICIAN'S	Phy	s. Director P	hys.	2/3/1966			
NAME (Type)	011VTAN	DAN SEC	5/1808 L	LARDITAI			
24A. BURIAL CREMATION, 24B. DATE 24	NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (City)	own, or county) (State)			
REMOVAL ISPECITY)	DO O		10 mg.	County (Store)			
25A, DATE REC'D BY HEALTH DEPT. 25B. NAM	ARY CECLE	25C. FUNERAL DIRECTOR	(tallines	ADDRESS			
FEB 7 1966 @ 2 5 29	Josephin O O	Salin & Course	· America . G	101 Hallens St			
VS 150-REV. 1/1/65		1. 1. 0	03a				



BALTIMORE CITY HEALTH DEPARTMENT Registered No. 111932 66 01232 BIRTH NO. CERTIFICATE OF DEATH pital and of death Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) LO 3. PLACE OF DEATH IN BALTIMORE, MARYLAND death. ance rect or contributing cause (4) Undetermined cause; (5) FULL NAME OF HOSPITAL OR INSTITUTION (II not in haspital or institution, give street oddress or location) (If autside city limits, write RURAL and give towns attend 9 prior HOSP regular mad 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Days Il Under 24 Hrs. deceased Hours WIDOWED, DIVORCED (specily) fast birthday 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF disposition WHAT COUNTRY? death = done during most of working life, even if retired) Was the 13. FATHER'S NAME IMPORTANT 0 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS final (Yes, no ar unknawn) (III yes, give wor or dotes of service) SECURITY NO. attendance any pronounced 5 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of dying, e.g., mbal regular heart loilure, asthenia, etc. Il means the disease, FUNERAL DIRECTOR: injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the physician UNDERLYING CONDITION lost. remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Idn TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. he (2) Body 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 & PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, larm, loctary, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (II in Baltimare City, give exact location) (except where to the hospital °Z MEDICAL DEATH (notify medical examiner) etc.) any nature; obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved Nat While While At (APPROX.) and Work At Work 22. I certify that (I) (this hospital) attended the deceased fram. that (I) (we) last saw the deceased alive on 19 and that in(my) (aur) apinion death occurred on the date of hospital death) and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 238 DATE SIGNED Attending Phys. 0 Director O 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS

the body was released shows: (1) An accident approval prior to was D.O.A. 24A, BURIAL CREMATION. deceased REMOVAL (Specify) VS 150-REV. 1/1/65



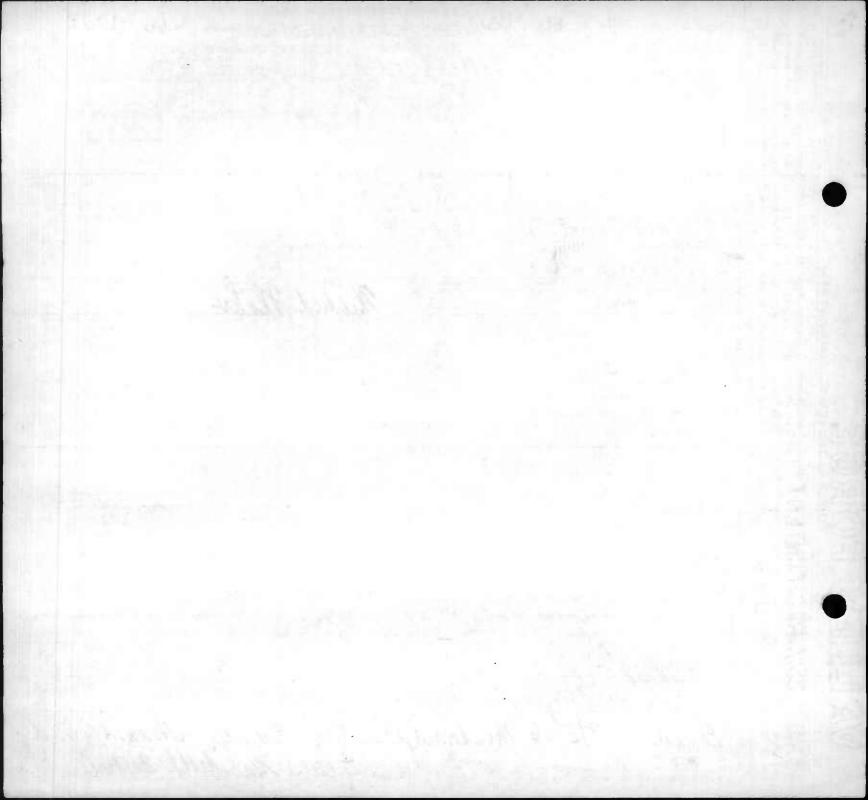
VS 150-REV. 1/1/65

		-66 01233	BALTIMO	ORE CITY HEALTH D	EPARTMENT	6	6 01233
	TH NO.		CERT	FICATE OF	DEATH	Registered No.	0 117.00
	AME OF DECEA	SED			2 DATE ANI	D HOUR OF DEATH	
(Typ	pe or Print)	SCHO	OLTES, EDWA			2-3-66	6:00Am.
3. 1	PLACE OF DEAT	IN BALTIMORE, MARYLANI	D	4. USUAL A. STATE	RESIDENCE (Where B. COUN)		titution: residence before admission)
	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital or instit address or location)	tution, give street	C. CITY O			URAL and give township)
0		ST. AGNES HO	SPITAL	D. STREET	TIMORE ADDRESS (II n	ZONE urol, give location NF ROAD	29 55 7 0
5. S	ALE 6	WHITE 7. MA	MARRIED, NEVER MARRIED	D B. DATE OF	BIRTH 9	ost birthday)	If Under 1 Yr. It Under 24 Hrs. Months: Days Hours Min.
		ATION (Give kind of work 108, Kt rking life, even if refired) TRUCK BOL			ACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	1		14. MOTHE	R'S MAIDEN NAM	A E	
		HOLAS		MA	RY E. SC	HWEBACH	
15. (Ye:	Was Deceased E-	ver in U. S. Armed Forces? If yes, give wor or dotes of se					ADDRESS
	1B. 4 1 1	2 (2)	21301209	8 ST.	AGNES RE	CORDS -CA	INTERVAL BETWEEN
	7 00	OR CONDITION DIRECTLY		- 1	1 11	0 4 4	ONSET AND DEATH
	(This does not	EADING TO DEATH mean the made al dying, sthenia, etc. It means the di		Intro	hobbe K	eart Fuil	- 1pro-
	injury or campl	icalian which caused death.		Anterin	So Canh	- Heartch	- Des - D.
		CONDITIONS, if any,		E TO			
	rise to the	abave cause (A) stating		**********************************		w 6 w w w 0 w w w w w w 6 w 6 w 6 w 6 0 0 0 0	
ATION	TO THE DEA	II CANT CONDITIONS CONTRI ATH BUT NOT RELATED TO		Pr	lmena	- Ponjant	alt 6 days
ERTIFIC	19A-DATE OF C	PERATION 198. CONDITION WAS PERFORME		ON 20 A. AU	TOPSY? (Yes or No)	200. IF YES WERE F	NDINGS CONSIDERED SES OF DEATH?
CALC	21 A. ACCIDENT OR CONTRIBUTI DEATH (notify m	WAS UNDERLYING NG CAUSE OF	21B. PLACE OF INJI home, form, foctory, etc.)	JRY (e.g., in or obout 21 street, office bldg., IN	C. WHERE DID JURY OCCUR?	(It in Boltimore	City, give exact locotion)
MEDI	21 D. TIME (OF INJURY (APPROX.)	Month) (Doy) (Yeorl (Hou	rl 21E, INJURY OCCU While At Work	RRED 21 Not While At Work	F. HOW DID INJU	JRY OCCUR?	
	that (I) (we) I		e on BEBRUA	RY319	66 and the		BRUARY 3 19 66 ,
	23A. SIGNATURE	1. 110		A.D. Attending	Med.	Stoff Phys.	23B. DATE SIGNED
	23C. PHYSICIAN NAME (Tp)	nh		Phys. 23D. ADDRE	SS		2-3-66
							ONE WILKENS AVES
Z	REMOVAL (Sp.	2/7/66	ST. JOH			ESTMINIS	TER ML
25/	FEB FEB	1966 P. C. S.	AMPE OF REGISTRAR	12 0 (15	NERAL DIRECTOR	n/d- 3	01 Frederice Rd

	BALTIMORE CIT	Y HEALTH DEPARTMENT	V .	161 . 14 . 10 .			
BIRTH NO. 66 11234	CERTIFICA	TE OF DEATH	Registered No	6 01234			
M.E. CASE NO.		2. DATE A	ND HOUR OF DEAT	H			
John L. Ma	llonee.	Febr	uary 3,19	166 1 11 A M			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wh	ere deceased lived, If	institution: residence before admission)			
FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location) INSTITUTION	ion, give street	Maryland c. city or town (If a	utside city limits, wiit	e RURAL ond give townshipt			
V.		Baltimore		13-8			
Union Memorial H	osp.	3546 Buene	fruid, give focotion)	7.0			
	RIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.			
Male White Ma	rried (specify)	Dec 12 1896	lost birthdoys	Months Doys Hours Min.			
10A, USUAL OCCUPATION Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or los	reign country)	12. CITIZEN OF WHAT COUNTRY?			
	.S.Coast Guar	d Maryland		U.S.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME				
Randolph Mallone	Α.	Margaret 1	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown)(if yes, give wor or dotes of serv	1 6. SOCIAL	17. INFORMANT	Duvall.	ADDRESS			
				/ D III A			
lst W.W.	?	Hilda N.Mal.	lonee . 3540	6 Buena Vista Ave			
18.4 2 0 1 1	CAUSE	DE DEATH		ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	//	1	0	5.0Bac.			
(This does not mean the made of dying,	e.g., DUE O	oury on	Steelen	SUGGES			
heart failure, asthema, etc. II means the disc injury or complication which caused death.)	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES (A) DUE OF COLUMN DISCLOSE (B) Lybrication COLUMN						
ANTECEDENT CAUSES	***************************************						
DISEASES OR CONDITIONS, if any, gi	DOE TOLY						
rise fa the abave cause (A) slating UNDERLYING CONDITION last.	the (C)	Blac Gills	agens O	9mo			
			- P				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
DISEASE OR CONDITION CAUSING IT.							
WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(11 in Boltim	ore City, give exact location)			
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?				
(APPROX)	While At Work At Work						
22. I certify that (1) (the hospital) attend		8 - 2	1965 to /	1-23 196 /-			
that (1) (lost sow the deceased alive	11 > >	19 6 1 ond t		pinion death occurred on the date			
and hour and from the causes stated above	e. (1) (We) (did) (did not)	New the body after death.	•				
23A. SIGNATURE				23B. DATE SIGNED			
Towners Home		tending Med. ys. Director	Stoll Phys.	9-4-66:			
25C. PHYSICIAN'S NAME (Type)	COLO XI	23D. ADDRESS		-			
Lieunanie a V. C.	Scale of 1 (M.D.	2711 2011	Des 1	2 Ita Ud			
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CI	REMATORY 24D.	LOCATION	City, town, or county) (Stote)			
REMOVAL (Specify) Burial 2/7/66	ake View Mem	orial L	iberty Rd				
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	2 FUNERAL DIRECTO	1	ADDRESS			
FEB 7 1966 @ 6.5 8.	I Coulding Mills	Justin Ev	mounn/	3818			
VS 150-REV. 1/1/65	1 1 6 11 9		1				

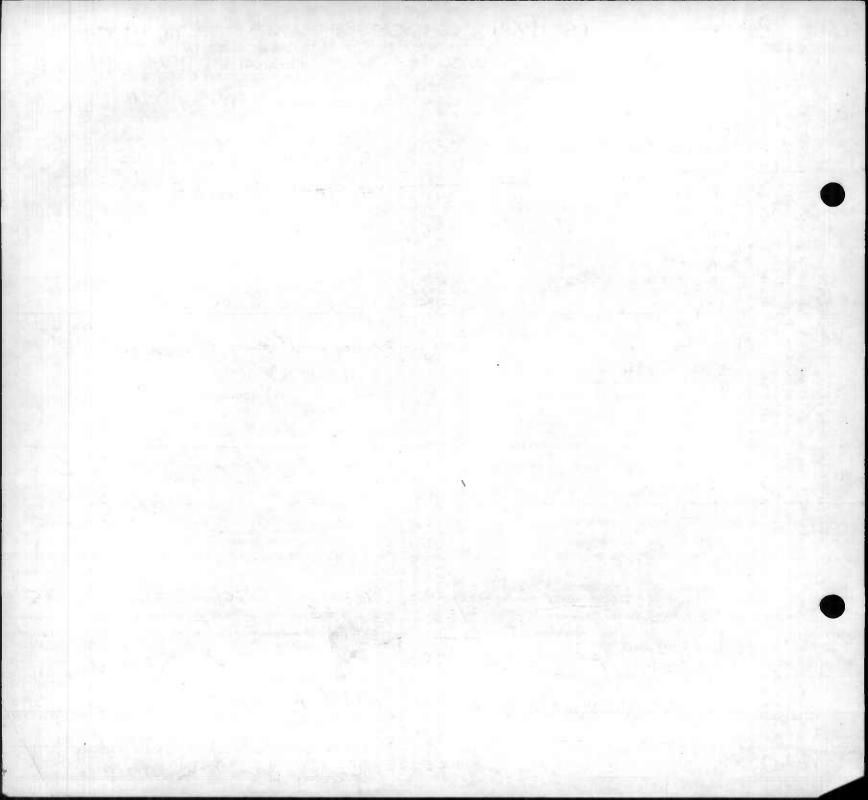
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E		Y HEALTH DEPARTMENT	. cc 01935
BIRTH NO.	CERTIFICA	TE OF DEATH Registered	No. 00 111200
I. NAME OF DECEASED	a - Paratara	2. DATE AND HOUR OF DE	ATH 1911 110
	ce Constane		1166 1- PN
3. PLACE OF DEATH IN BALTIMORE, M	ARTLAND	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	It institution: residence before admission)
FULL NAME OF (If not in haspite HOSPITAL OR address or locate INSTITUTION		C. CITY OR TOWN (If outside city limits, w	rite RURAL and give township)
University,	405Dital	Paton9Ville	53-00
univerning		D. STREET ADDRESS (If rurol, givo location	
		13. Melvin HV	/C.
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years tost binhday)	If Under 1 Yr. If Under 24 His. Months Doys Haus Min.
10A, USUAL OCCUPATION (Give kind of wo	ork 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CLEDIT DESIST.	Hess Shoes Co	Pa.	4.57.
13. FATHER'S NAME	The Jo July et Co.	14. MOTHER'S MAIDEN NAME	
DItred P	hillip	Bertha Shes	pard
15. Was Deceased Ever in U. S. Armed F		17. JNFORMANT	ADDRESS
(Yes, no ar unknawn) (If yos, /givo war or de	security No.	Milded Hohr-	
118. 5 40.01	CAUSE	DF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION E	HRECTLY	~ W	ONSET AND DEATH
LEADING TO DEATI	(A) / C	este /1/.	
(This does not mean the made heart failure, asthenia, etc. It mean			
injury ar camplication which cause	ed death.)	Property & looking	Double
ANTECEDENT CAUSE	S (B)	was any and	9,1000
DISEASES OR CONDITIONS, if	any, giving	lunouary Embolis	
rise to the above cause (A UNDERLYING CONDITION last.) stating the (C)	July 12001 ou 1) 3	
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING		
TO THE DEATH BUT NOT RE	LATED TO THE		
U 194 DATE OF OPERATION 1198 CC	NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, W	ERE FINDINGS CONSIDERED
12/18 8 12/2765 WASP	reduce gasty wifel gener		CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Bolt	imaio City, give exact lacotion)
DEATH (natify modical examiner)	etc.)	mice ologi, Madri Occor.	
21D. TIME (Month) (Doy) (Yeo	Haur 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY	While At Not Whi		
(31180%)	Work Al Work	70. 34	7 radle
22. I certify that (I) (this hospit	sed alive an Jac + 29	19 66 to	Jan 38 1966
that (I) (we) last saw the decea	sed alive an	19.69 and that in (my) (aur)	apinian death accurred an the da
and haur and from the causes st	ated abave. (I) (We) (did) (dld nat)	view the bady after death.	
23A. SIGNATURE	20 2 8 1		23B. DATE SIGNED
Mist. 101 10	058 Lews Sel M.D. Att	tonding Med. Staff ys. Director Phys.	13066
23C. PHYSICIAN'S		23D. ADDRESS	0: 23:::5-
Viglundur Thor	, lhorsteinsson M.D.		Kd 113 Balto 39
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CE	REMATORY 24D. LOCATION	(City, flawn, ai county) (Stoto)
Burial 151	66 Meadowredu	emiling telkridge -	Howard Co. Md
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF AFGISTRAR	25C FUNERAL DIRECTOR	MI 2 17 ADDRESS LA



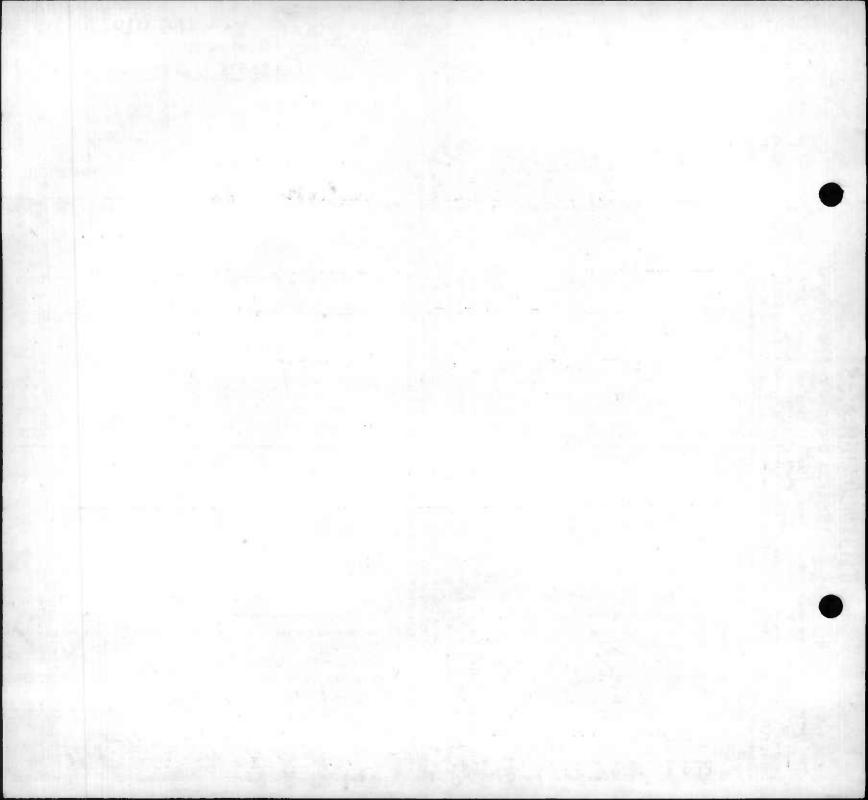
M	allegge	6	7	_	5	1
	FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the 🗸	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

	CITY HEALTH DEPARTMENT	
M.E. CASE NO. 66 01236 CERTIFIC	CATE OF DEATH Registered No.	5 11 1076
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	7 (1200
(Type or Print) RUSSELL A, MERSON	FEBRUARY 1, 19	66 1 11:55 P. N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If ins A. STATE B. COUNTY	titution: residence before admission
FULL NAME OF (If not in hospital or institution, give street	BOUTHERE MARYL	AND PRICT
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write R	URAL and give township)
UNION MEMORIAL HOSPITAL	D. STREET ADDRESS (If rurol, give location)	5370
UNION MEMOICIAL NOSTING	1205 CARDWELL AUS	FNITE
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years	
MALE CAUCASIAN WIDOWED, DIVORCED (specify)	4/11/07 lost birthdoy 63	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working life, even if retired) BACTIMORE CITY	MARYLAND	WHAT COUNTRY?
POCICE MAN POCICE DEPT.	14. MOTHER'S MAIDEN NAME	10.2.W.
MORTIMER MERSON	RIMON DAIGE	
15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		ADDRESS
UNKNOWN 213-32-896		
72011 2601	OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	man intending	
(This does not meon the mode of dying, e.g., DUE TO	7	a
hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
ANTECEDENT CAUSES (B)		Manik(w v a 1922 z 200 200 200 200 200 200 200 200 200
DISEASES OR CONDITIONS, if any, giving		
rise to the obove couse (A) sloting the		2000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
UNDERLYING CONDITION lost.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	reter Mellit	Rhl
U 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAU	NDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF	g., in or obout 21 C. WHERE DID (If in Boltimore office bldg., INJURY OCCUR?	City, give exact locotion)
DEATH (notify medical examiner)	Julies Stage, Into Kir G C Co Ki	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
While A1 Not V		
22. I certify that (I) (this haspital) attended the deceased from		2// 19.65
that (1) (we) lost saw the deceased alive on 2/	19.66 ond that in (my) (our) opin	
-		ion death occurred on the dat
ond hour ond from the couses stoted obove. (1) (We) (did) (did not		23 B. DATE SIGNED
	Attending Med. Stoff	7 / //
23C. PHYSICIAM'S	Phys. Director Phys. 23D. ADDRESS	4/1/66
NAME (Type)		1
DR WILLIAM A LINTON 15	. UNION MEMORIAL H	OSPITAL
24A. BURIAL CREMATION, REMOVAL (Specify)	CREMATORY 24D. LOCATION (City	, town, or county) (State)
Burial 2-5-1966 Parkwood Cemete		tomore Co. Ma
25A. DATE REC'D BY HEALTH DEPT. 25B, NAME, OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS 36
FEB 7 1966 Q. D. A. E. Januaria	Lassafon Funual Hom	740/Below Rox
VS 150-REV. 1/1/65	0 2 3 5	



BALTIMORE	CITY	HEALTH	DEPARTMENT
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	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	6 41237
M.E. CASE NO.			AND HOUR OF DEATH	
(Type or Print)	1	Part 1		
	rabecki		ruary 2, 19	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COL	here deceosed lived. It i	nstitution: residence before admission)
FULL NAME OF (If not in hospital or institut	ine give steed!	maryland	4	1-04
HOSPITAL OR oddress or location)	ion, give street	C. CITY OR TOWN (If	outside city fimits, write	RURAL and give township)
INSTITUTION		1		The time of the state of the st
		BULLTIMOY	(If rural, give location)	
0 1+ 11:11 0 11	1 · · · · · · · · · · · · · · · · · · ·		-	
Bolton Hill Communi	14 Mursing Home	2226	e.e.T ST	
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	Widowed (speed)	may 1882	C 2	
10A, USUAL OCCUPATION (Give kind of work 10 B, KINI		11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF
done during most of working life, even if retired)			neigh country,	WHAT COUNTRY?
Shoe maker Reta	ail Store	Poland		U.S.A.
13. FATHERS NAME		14. MOTHER'S MAIDEN N	AME	0 0 0 0 0 1 2 1
-Joseph A.				
FYEWAT MYabecki		17. INFORMANT	Franciszka	Rychard
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL	17. INFORMANT		ADDRESS
tres, no or unknown/tir yes, give wor or doles of servi		-	0 1 700	W 1 1 1 P.
No -	216-32-8697	Mys Frances	Socha 528	11. Lakewood Gue
18. 163 XI	CAUSE O	F DEATH		INTERVAL RETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY	/3	1		onstraint
LEADING TO DEATH	(A) (a	reinoma, L	ung	3 mont 42
(This does not mean the made of dying,				
heart failure, asthenia, etc. II means the dise injury or camplication which caused death.)	ase,	1 1	0 -0	
	4 100 Cerns	jestive heart	failure	soveral unith
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, gi	ving	. 0. 1 4	riosclorosis	1 1 1 17.
rise to the above cause (A) slating UNDERLYING CONDITION last.	the (C) Gen	eralized arte	noscours	Simply Family
GREETING CONDITION last.	0			
- 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING SOC	ndary anem	40	several weeks
DISEASE OR CONDITION CAUSING IT.	THE	The carrier of the carrier		The transfer of the transfer o
19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED			IN CERTIFYING CA	OSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimo	e City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	ffice bidg., INJURY OCCUR?		
U	erc./			
Q 21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
OF INJURY (APPROX.)	White At Not While	e 🦳		
	Work At Work			
22. I certify that (1) (this hospital) attend		1.21-66	1910	. 2. 19.6.6
that (I) (we) last sow the deceased olive	on 2.2. 66	19 and	that in (my) (our) on	inian deoth occurred on the dot
ond hour and from the couses stoted abov	e. (1) (We) (did) (did nat) \	view the body offer deoff	h.	
23A. SIGNATURE	2,			23 B. DATE SIGNED
6. 18/5 mills	ook M.D. Atte	ending Med.	Stoff Phys.	2-2-66
23C. PHYSICIAN'S		23D. ADDRESS	-,	1
NAME (Type)	Cook	- 4 1	1 1 1	
E. Ellsworth	COOK M.D.	2431 Mari	y land live	
	C. NAME of CEMETERY of CR	EMATORY 24D.	LOCATION (C	ity, town & Xcounty) (Stote)
REMOVAL (Specify) 2/7/66 S	t. Stanislaus	P		
Durtal			altimore,	Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	OR PONC	ADDRESS
EEB 7 1966 Q.O. S.E. J	a landa	FI.F . DADOWS	MA & SUNS,	1808 EASTERN AVE
V\$ 150-REV. 1/1/65	6 6 0	0 1 2 3	6	
1	1.0		61	



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. U1238 M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) 4:45 P. ETHEL MARIE HENRY January 30, 1966 A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF C. CITY OR TOWN (If autside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION) Baltimore D. STREET ADDRESS (If rural, give lacation) 712 Evesham Avenue 712 Evesham Avenue 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days , Haurs , Min. WIDO WED, DIVORCED (specify) last birthday White Female Divorced 4,8,1913 52 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Cockeysville, Md. Clerk Grocery 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Harvey EHenry Mazie B. Hunt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 6. SO CIAL 256 E. Sustall Hanna Ave (Yes, na orunknawn), (If yes, give war or dates af service) SECURITY NO. 220 o3 8945 No Gladys Wilhelm. Towson, Md. 21204 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Lobar pneumonia (This does not mean the mode of dying, e.g., heart failute, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. NO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFI DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes EDICAL 21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If in Baltimare City, give exact lacation) hame, farm, factory, street, affice bldg., NJURY OCCUR? 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Year) OF INJURY MHILE AT NOT WHILE (APPROX.) I certify that I held an Inquiry Autopsy X Inspection and that an this basis, death In my apinion resulted fram: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER X DATE SIGNED ACTUAL M. D. ASSISTANT MEDICAL EXAMINER SIGNATURE. 1-31-66 **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER NAME (Type) Russell S. Fisher, M.D. 23A. BURIAL CREMATION, 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, tawn, ar county) (State) REMOVAL (Specify) Dulaney Valley Memorial Burial Feb. 3,66 Towson, Md.

VS 151-REV. 1/1/65

24A, DATE REC'D BY HEALTH DEPT.

660000

248, NAME OF REGISTRAR

Wm. Cook-Breoks Towson, Towson, Md.

ADDRESS

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24C. FUNERAL DIRECTOR

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rocer 3 c e i e . J. .

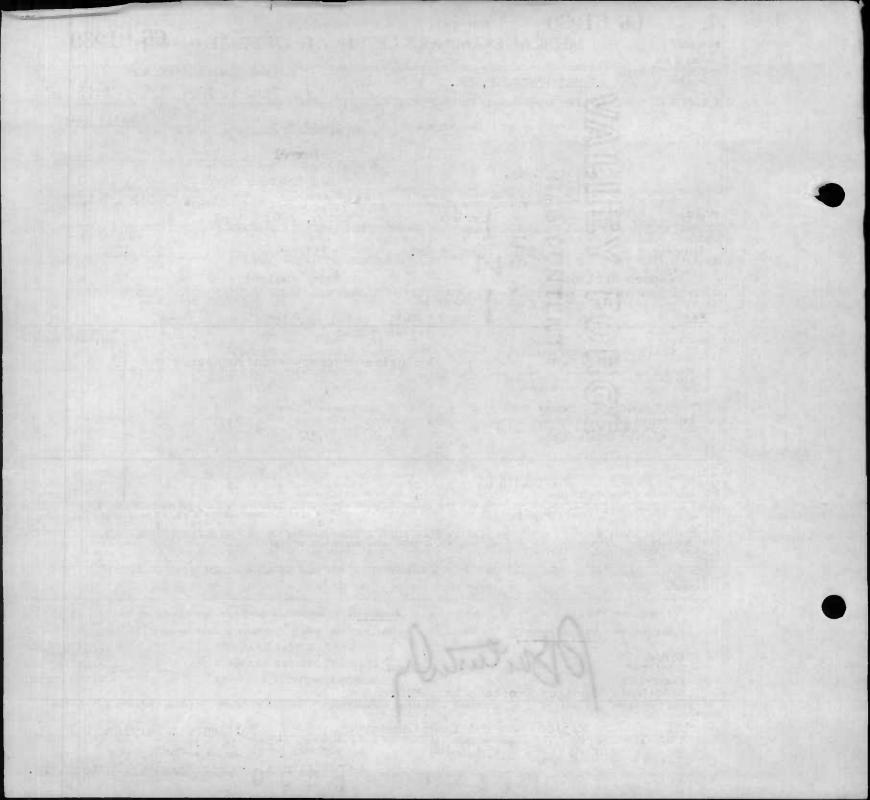
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()	63		211711025	C.T.		
	10	1.7	BALTIMORE	CHY	HEALTH	DEPARTMEN

M E CACE NO	1112	ICAL EX	AMINER'S CI	ERTIFICATE C	OF D	EATH Register	ed No.
M.E. CASE NO.							
1. NAME OF D	JAMES I	HARTLOVE	, SR.	2. DA1		HOUR PRONOUNCE	2:25 PA
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOL	NCED DEAD	4. USUAL RESIDENCE	Where d	. 1, 1966 leceosed lived. If insti	tution: residence before odmissio
FULL NAME OF				Marylar	nd		Baltimore RURAL and give township)
INSTITUTION"				Essex 2 D. STREET ADDRESS (1)		sive leaster)	5300
	University	Hosp.		913 Eas			
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	If Under 1 Yr. If Under 24 H Months, Doys, Hours, Mir
male	white	M	pivorced(specify)	June 6, 19	001	64	
	CUPATION (Give kind of world working) ife, even if retired)	KIOB. KIND OF	BUSINESS OR INDUSTRY	III. BIRTHPLACE (Stote of	r foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Foreman	n	Cold S	torage Co.	Baltimor Har MAIDEN			USA
Er	noch Hartlove			Mary W	eige	1	
	SED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
Tes	WWI		212 05 5431	Mabel Hartl	ove	Same	
OTHER SI	ASE OR CONDITION DI LEADING TO DEATH s not meon the mode of ne, osthenio, etc. If means complication which coused ANTECENDENT CAUSE S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S' YING CONDITION LAST. II IGNIFICANT CONDITIONS	dying e.g., the disease, death.) ES NNY, GIVING TATING THE	(B)	ive coronary a	arte	riosclerosi	S
H DISEASE	OF OPERATION 19B. CON WAS PER	OIT.	**********************	20A. AUTOPSY? (Yes	or No)	OB, IF YES, WERE FIN	NDINGS CONSIDERED
21 A. EXTERN	NAL CAUSE WAS GOR CONTRIB-	21 B. home	PLACE OF INJURY (e.g., form, loctory, sheet, c	in or obout 21C, WHERE	DID (I	yes I in Boltimore City, given	
ш	COSE OF BEATH.			, mee sage, may ok occ	JK:		ve exoct location)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	v	TE. INJURY OCCURRED WHILE AT NOT AT W	21F. HOW DI		RY OCCUR?	re exoct location/



a hospital and

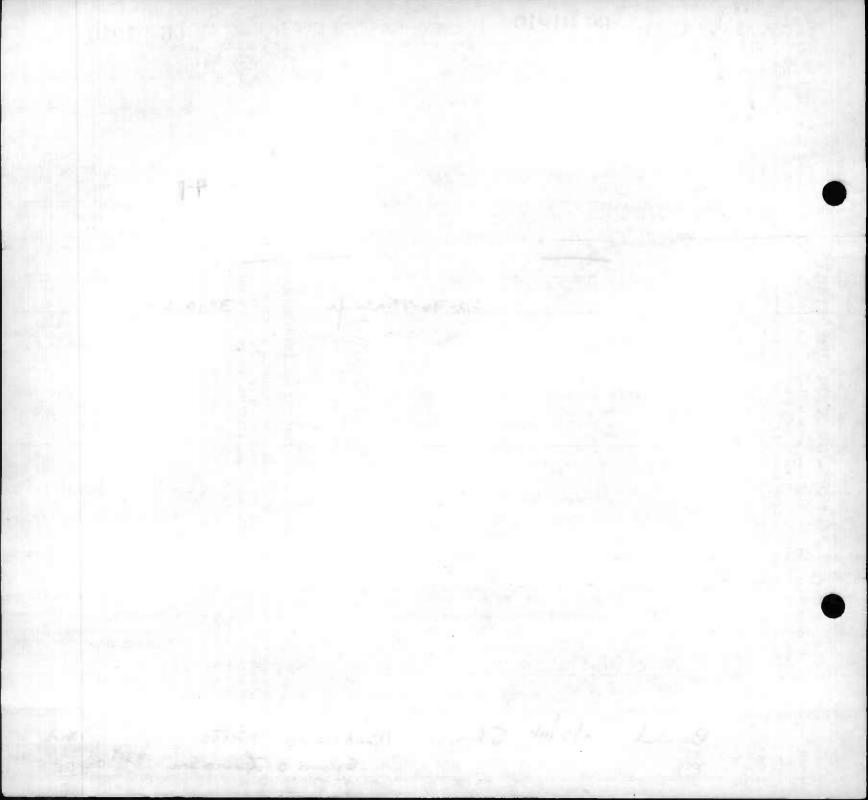
		HEALTH DEPARTMENT		
BIRTH NO. 66 012	CERTIFICA	TE OF DEATH	Registered No.	01080
M.E. CASE NO. 1. NAME OF DECEASED			HOUR OF DEATH	01540
(Type or Print) VIZA/	MEYER	FEB 3	.011	1720 A.
3. PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where	deceased lived. If instit	lution: residence before admission
		A. STATE B. COUNTY	16	15-15
FULL NAME OF (If not in hospital HOSPITAL OR oddress or location	or institution, give street	C. CITY OR TOWN (If outsi	de city limits, write RUF	10-16-
INSTITUTION	0	BACTIMORE	de city limits, write KU	KAL ond give township)
2 SINAI HOSPITAL of	DACTIMORE		rol, give location)	
		3910 COTT	A	
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	DATE OF BIRTH	ACE (I	If Under 1 Yr If Under 24 Hrs.
MALE WITTE	WIDOWED, DIVORCED (specify)	2/20/16 10	st birthdoy	Aonths Doys Hours Min.
tOA, USUAL OCCUPATION (Give kind of worldone during most of working life, even if retired)	1	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
BUTCHER	GREINFELDS LOUSE	RUMANIA		usa
13. FATHER'S NAME	JUNUINIEF HOUSE	14. MOTHERS MAIDEN NAM		400
	~			
15. Wos Deceosed Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dote	s of service) SECURITY NO.			
UNKNOWN	212-46-795	xwile	3910 C	
18. 157 X I	CAUSE	F DEATH	1	ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY	non MOHA . ()	ANCREAS	4 un11
(This does not mean the made of	dving, e.g., DUE TO	AKCINUITY OF I	4NCREATS	7 77010.
heort failure, asthenia, etc. It means	the disease,			
injury or camplicolian which coused				
ANTECEDENT CAUSES	DUE TO	*******************		
DISEASES OR CONDITIONS, if				
UNDERLYING CONDITION last.	(0)			
11				
OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH BUT NOT RELA				
DISEASE OR CONDITION CAUSING	IT.			
19A. DATE OF OPERATION 19B. CON	IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
E O NONE		100		
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street,	ffice bldg., INJURY OCCUR?	(If in Baltimore C	City, give exact location)
DEATH (notify medical examiner)	etc.)			
OF INJURY (Month) (Doy) (Year)	(Hour) 21 E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX)	While At Not Whi			
22 1 (1) (1) (1) - 1 1			15 21	2 10/5
22. I certify that (1) (this hospita	7/0		5 10 2/	3 19 65
that (1) (we) last saw the decease			in (my) (aur) apinio	on death accurred an the dat
	ted abave. (1) (We) (did) (did nat)	view the bady after death.	1-	
23A. SIGNATURE	40	ending Med. S		3B. DATE SIGNED
IN A CHUSE	M.D. Att	s. Director P	hys.	2-3-66
23C. PHYSICIAN'S NAME (Type)	(0,0=440	23D. ADDRESS	1/	
WACA	HEISTMAS M.D.	DINAI	HOSPITA	9
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D, LO	CATION (City,	town, or county) (State)
REMOVAL (Specify)	1 1 7	. /) () 4.	

REC'D BY HEALTH DEPT. 5 258. NAME OF 25A. DATE

25C. FUNERAL DIRECTOR Sylvan Leurs a Son

ADDRESS

1966



If Under 1 Yr. II Under 24 Hrs. Months , Doys , Hours , Min. INTERVAL BETWEEN ONSET AND DEATH (C) CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) local, foctory, street, office bldg., INJURY OCCUR? MEDICAL 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME OF INJURY 21E INJURY OCCURRED (Hour) 21F. HOW DID INJURY OCCUR? (Month) (Doy) m. WHILE AT NOT WHILE (APPROX.) 22. Inspection Autopsy I certify that I held on Inquiry ond that on this bosis, death in my opinion resulted from: Notural couses Accident Sulcide Homicide Undetermined monner CHIEF MEDICAL EXAMINER X DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) SHER 23C. NAME OF CEMPTERT AT CREMATORY 23A. BURIAL CREMATION, 23B. DATE 23D. LOCATION (Stote) REMOVAL (Specily) 124C FUNERAL DIRECTOR 24A, DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR 1966

VS 151-REV. 1/1/65

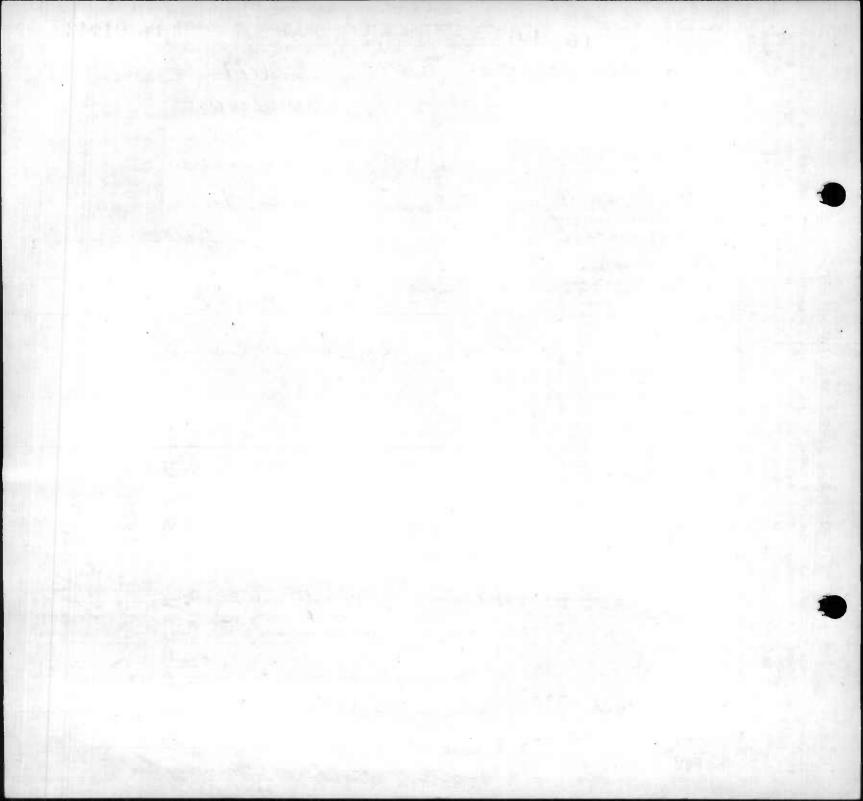
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		BALTIMORE CITY	HEALTH DEPARTMENT	./	
M.	TH NO. E. CASE NO. 66 01242	CERTIFICA	TE OF DEATH	Registered No.	6 01242
	PO OF Print) MR & SAMES SY	REED		1-66	7:04PN
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whee A. STATE B. COUN		
Ш	FULL NAME OF (If not in hospital or institution oddress or location) INSTITUTION		C. CITY OR TOWN (If our	tside city limits, write I	RURAL ond give township)
13	CHURCH HOME	HOSPITAL		rurol, give location)	Po the
				ingdale	RQ #28
3.	TOV (1) WIDO'	VED, NEVER MARRIED WED, DIVORCED (specify)	7-31-89	9. KGE (In years lost birthdox)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min,
do	A USUAL OCCUPATION (Give kind of work 108, KIND ne during most of working life, even if retired) Relief - Railway	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or love)	ign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME Welleam Reed	· · · · · · · · · · · · · · · · · · ·	14. MOTHER'S MAIDEN NA	ME Seyr	2844
15. (Ye	Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or doles of service W. W. T.	1 6. SOCIAL SECURITY NO,	MYS ELITH JA	hnigen	ADDRESS 207 Rollingel Q.
	DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH	Hant D.	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meen the made of dying, eleant failure, asthenia, etc. It means the disect		derios clerane	o D	
	injury or complication which caused death.) ANTECEDENT CAUSES	(B)	iven office	ince	
	DISEASES OR CONDITIONS, if ony, giverse to the above couse (A) stating UNDERLYING CONDITION last.		J /		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING Poly ey i	Chemia ,		
ERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)		(If in Boltimore	B City, give exoct locotion)
MEDIC	21 D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED While At Not While Work Not Work		URY OCCUR?	
	22. I certify that (I) (this hospital) attended	_ 6		1966 10	113/ 19.66
	that (I) (we) lost sow the deceased alive of and hour and from the causes stated above			not in (my) (our) opi	nion death occurred on the dat
	23A. SIGNATURE	/	ending Med.	Stolf Phys.	23B, DATE SIGNED
	230 PHYSICIAN'S NAME (Type) A. E. S.		23D. ADDRESS	Home	Hospilal
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 2-3-66	Armed Relge	EMATORY 24D. L	ocation (C)	ity, town, or county) (State)
25	A. DATE REC'D BY HEALTH DEPT. 258 NAS	NE OF REGISTRAN	25C, FUNERAL DIRECTOR	1 R 7111	ADDRESS Of Myd.
VS	150-REV. 1/1/65	6660	0 2 4	70000	aronsiery / i di

Parling F 36, 13/54 O H Messylo-R. Redict Robers Extern Weller Fred Thromas Berg abranciale Heart in Language II is 18 land from 29 18. Surano, SE Charle How + Hope is

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	9 CERTIFICA	TE OF DEATH	Registered No	66-111943
M.E. CASE NO.)		ID HOUR OF DEATH	00 01219
(Type or Print)	RET T.			2.850
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	REI	4. USUAL RESIDENCE (When	o docoosed lived. Il ins	titution: residence before admission)
		A. STATE B. CDUN	TY	
FULL NAME OF (If not in hospital or institut HOSPITAL DR oddross or location)	ion, give stroet	C. CITY OR TOWN (II out	AND	25009
INSTITUTION			1	URAL and give township)
		D. STREET ADDRESS (III	rurol, give location)	
DUTHERAN HOSP, OP	MADULAND			02 0
5. SEX 6. RACE 7. MARI	RIED. NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
WIDO	WED, DIVORCED (specify)	1 1 41	lost birthdoy)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) HOUSEREERER	HOME	MD		WHAT COUNTRY:
13. FATHER'S NAME	////-	14. MOTHER'S MAIDEN NAM	ME	
JAMES M.M	1 = 1	. []		
			TKNOWN	
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) (If yas, give war or datas of sarvi	SECURITY NO.	17. INFORMANT		ADDRESS
No		EDWARD ME	BHOR	SAME
18. 2 2 4 XI	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		,	0 0	ONSET AND DEATH
LEADING TO DEATH	(A)	gresteneme	Energh	4 -
(This does not meen the mode of dying, heart failure, asthenia, etc. It maons the dise	e.g., DUE TO ose,			
injury or complication which coused death.)		lova The		3 3 3
ANTECEDENT CAUSES	DUE TD	EDWARD ME F DEATH Sperteneng Logathy		***************************************
DISEASES OR CONDITIONS, if ony, gi	ving			
rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	The (C)			
11				
Z DTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING			
TO THE DEATH BUT NOT RELATED TO	THE			100
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	208. IF YES, WERE F	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F			IN CERTIFYING CAU	ISES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (o.g., if home, lorm, loctory, street, of etc.)	n or obout 21 C. WHERE DID	(II in Boltimore	City, give exect locotion)
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S OF INJURY	White At Not Whil	Calculate and the second second		
(APPROX)	Work At Work			
22. I certify that (I) (this hospital) attend	ed the deceased from	12 - 30	19 65 to	1966.
that (1) (we) lost sow the deceased alive	an 1-27	19 6 6 and the	ot in(my) (our) opin	ion deoth occurred on the date
and hour and from the causes stated abov	e. (1) (We) (did) (dld not) v	iew the body ofter death.		
23A. SIGNATURE	`			23B. DATE SIGNED
De 10 6	DL.	ending Med. Director	Stoff Phys.	1-27-61
23C. PHYSICIAN'S		23D. ADDRESS		. 66
NAME (Type)	IADI M.D.	1 . mm	1 11000	5= 11.0 mm
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CRI	LUIHERA	N MOSP,	OF MAKYLAM
REMOVAL (Specily)	C.IVAME OF CEMETERT OF CRI	10 1	OCATION (City	y, town, or county) (Stote)
Kerin 2-66	Luchern	Unillay	Gallen	
FFB 1966 C PAR BEEN AL	MEDEL FICHMAN	25C UNERAL DIRECTOR	1	ADDRESS
1000 670000		1/ / /	VAALAN AND	1. 5.1 UI, MY



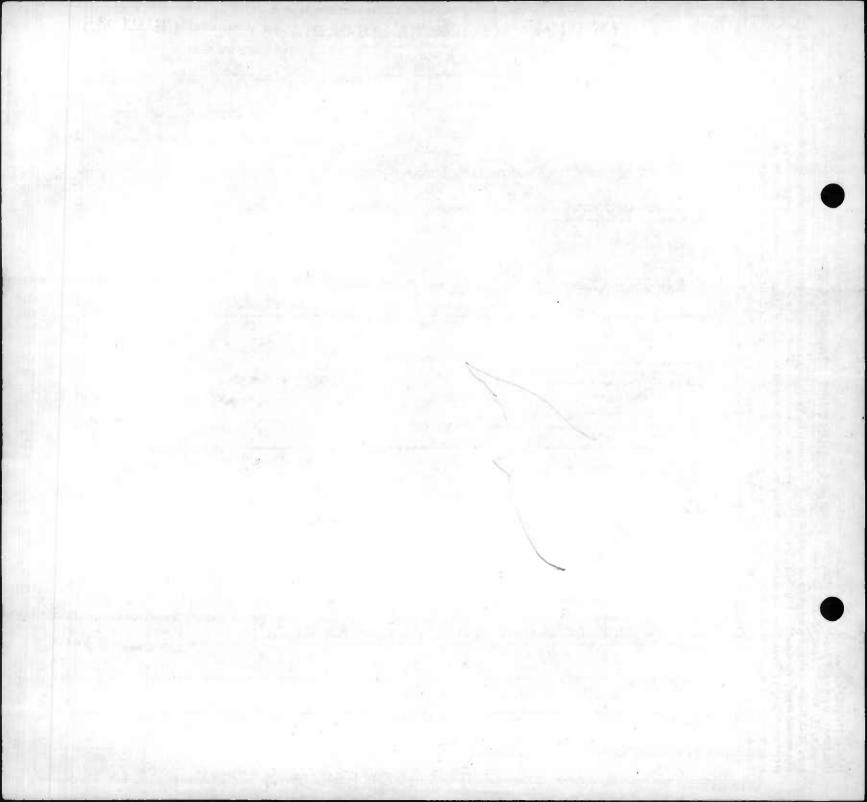
		BALTIMORE CITY	HEALTH DEPARTMENT		prints on or
BIRTH NO.	66 0124	4 CERTIFICA	TE OF DEATH	Registered No.	04044
1, NAME OF DECEA		, REGINA MARY	2. DATE AND 1 1-29	-66	3:35P M.
3. PLACE OF DEAT	H IN BALTIMORE, MAI	RYLAND	4. USUAL RESIDENCE (Where d	eceosed lived. If inst	titution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in haspital oddress or lacation	ar institution, give street)	MARYLAND C. CITY OR TOWN (If outside	e city limits, write RU	JRAL and give township)
1	AGNES HOS	PITAL	D. STREET ADDRESS (If rural	ZON	NE 29
			409 WESTSHIR	E ROAD	03-00
5. SEX 6	WHITE	7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify)	5-10-01 9. Alast	AGE (In years birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.
dane during mast of wa	ATION (Give kind of work rking life, even if retired) IFE—Clark	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign MARYLAND	country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME MARY EISEL		
15. Was Deceased E	ver in U. S. Armed Fare	:es? 16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no ar unknawn) (f yes, give war or date	s of service) SECURITY NO.		ORDS -CAT	TON & WILKENS
18. 49	/ \/i	CAUSE OI	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DIR	ECTLY	nckopneum	nia	
(This does not	meon the mode of		verse prices "-		with
	sthenio, etc. It meons icotion which coused		0		
AI	TECEDENT CAUSES	(B)			,d
	CONDITIONS, II	ony, giving			
	obove couse (A) CONDITION lost.	sloling the (C)	######################################	*	
	II CANT CONDITIONS C ATH BUT NOT RELA	ONTRIBUTING PARISON	rebrovescula	n Disea	se culson
	ONDITION CAUSING I	DITION FOR WHICH OPERATION	[20A. AUTOPSY? (Yes at Na)] 2		NDINGS CONSIDERED
OR CONTRIBUTI	WAS UNDERLYING THE	hame, farm, factory, street, of	ar obout 24C. WHERE DID	(If in Soltimore	Cily, give exact lacation)
9	nedical examiner)	v etc.)			
OF INJURY (APPROX.)	Month) (Doy) (Year)	(Haur) 21 E. INJURY OCCURRED While At Not While Wark At Wark	21F. HOW DID INJURY	OCCUR?	
22. I certify th	nat (1) (this haspital) attended the deceased fram	JANUARY 26 19.	66 10 JAN	NUARY 29 19 66
that (I) (we)	st sow the decease	d olive on JANUARY 29			
and hour and	from the causes stat	ed obave. (I) (We) (did) (did not) v	iew the body after death.		Λ
23A. SIGNATURI	0	3			23 B. DATE SIGNED
11 hon	eas C. C	emoulle M.D. AHE	nding Med. Sta Director Phy	ys.	Jan 29 1966
23C. PHYSICIAN NAME (Typ	S e)	M.D.	23D. ADDRESS	41	
24A. BURIAL CREM		24C. NAME at CEMETERY of CRE	MATORY 24D, LOCA	ATION City	, tawn, ar county) (State)
Duril Servil	2-2-6	6 Landon Part	k Cem. B	altemor	Med.
FEB 7	1966 D. P	25B. NAME OF REGISTRAR	250 FUNERAL DIRECTOR	Eronnel 1	RH6601 Septents

1924 The second nista i - ministrati.

FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

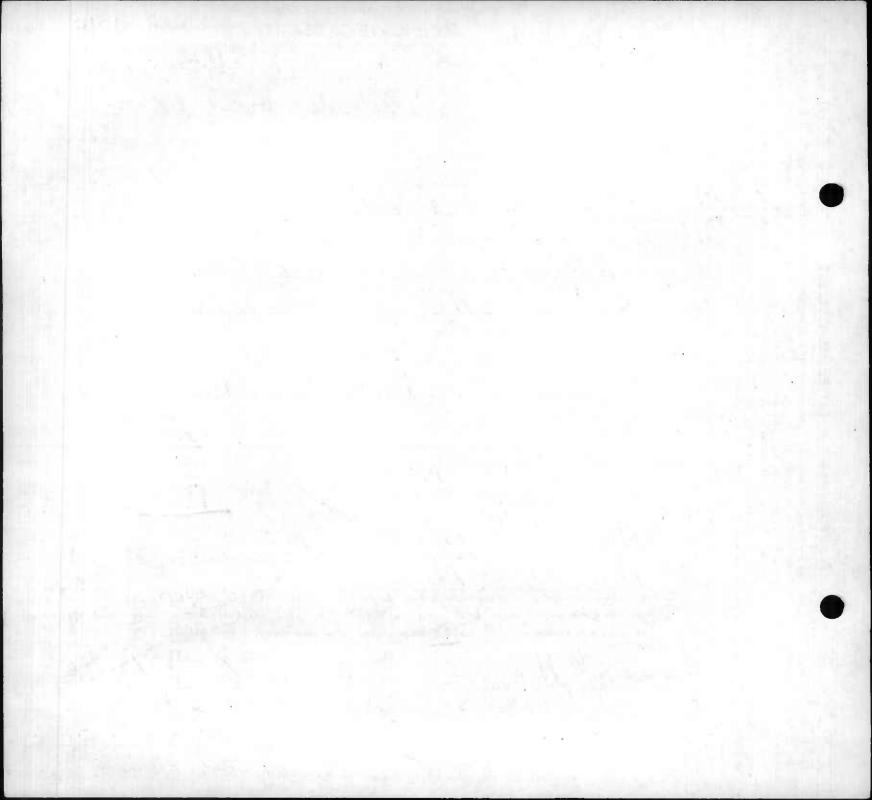
			HEALTH DEPARTMENT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
BIRTH NO. M.E. CASE NO.	01245	CERTIFICA	TE OF DEATH Registere	od N66 01245
1. NAME OF DECEASED MR	S.FAU	TH , MORINE	2. DATE AND HOUR OF	B 1.10. P.N
3. PLACE OF DEATH IN BALTIA		/	4. USUAL RESIDENCE (Where deceased liv	
			A. STATE B. COUNTY	H - C
	n hospitol or insti or locotion)	ution, give street	c. CITY OR TOWN (If outside city limits	write RURAL and give township)
34_			D. STREET ADDRESS (If rural, give loco	53-00
BON Sec	OURS	Hospital.		90
SEX F 6. RACE	WII	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH Siere 10, 1899 9. AGE (In year lost birthdoy)	ors If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
OA, USUAL OCCUPATION (Give		ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE-HOUSER		HOME	MD.	WHAT COUNTRY!
3. FATHERS NAME			14. MOTHER'S MAIDEN NAME	
Parke 1	10 0.1	4:-/	Fata 11 -T1	2 12 2 1
5. Was Deceased Ever in U. S.	Armed Forces?	1 6. SOCIAL	ESTELLE The	ADDRESS
res, no or unknown) (If yes, give	vor or dotes of se	SECURITY NO.	James McCubbin-	13, albert of
18.42211		CAUSE O	FDEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR COND		Cla	1 1 TE 1	ONSET AND DEATH
(This does not mean the		(A) CO	rebral Throwbon	6-ne mosety
heart failure, asthenio, etc.	It means the di	sease,		
injury or complication which		(D) A	SCUD	5 Jens
ANTECEDENT		DUE TO		
DISEASES OR CONDITION				
UNDERLYING CONDITION	l last.			**************************************
O OTHER SIGNIFICANT CONT TO THE DEATH BUT DISEASE OR CONDITION O	NOT RELATED 1	BUTING O THE		
		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES,	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
19A. DATE OF OPERATION			ho	
OR CONTRIBUTING CAU	E OF	21B. PLACE OF INJURY (e.g., in hame, form, foctory, street, or etc.)	n or about 21 C. WHERE DID (If in fice bldg., INJURY OCCUR?	Baltimore City, give exact location)
O 21D. TIME (Month) (Do	y) (Year) (Hou	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY		While At Not While	e 🖳	
		Work At Work	16-11	1 9 2
22. I certify that (I) (this		1 00	/ 4	11 28 . 1966
that (1) (we) last saw the				ur) apinion death accurred an the dat
	uses stated abo	ave. (I) (We) (did) (did nat) v	iew the bady after death.	
23A. SIGNATURE	in Skao	M.D. Atte	ending Med. Staff s. Director Phys.	23B, DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	IRA SUI	.0	23D. ADDRESS R. Cecans Hugh	Bultius 23 ma
24A. BURIAL CREMATION, 24B.	DATE	24C. NAME OF CEMETERY OF CRE	MATORY 124D. LOCATION	(City, town, ar, county) (State)
REMOVAL (Specify)	2-66	Cathedrala	meter Balt	a. md.
25A. DATE REC'D BY HEALTH D	EPT. 258. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
FEB (1986	Che Row Store	. Landon .	Harley Garanere	gho Catonville had.
VS 150-REV. 1/1/65			1 5/1 11 0	



FEB VS 150-REV. 1/1/65

	BALTIMORE CITY HEALTH DEPARTMENT						
	BIRTH NO. 66-01954 CERTIFICA	TE OF DEATH Registere	d No.66 11246				
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) (Type or Print) (Type or Print)	2. DATE AND HOUR OF	DEATH				
	MAXWELL, 13 ABOV 13CV	JAN 31-66-S	5=45 AM M.				
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUNTY	d. If institution; residence before edmission)				
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits.	PAPENTS - BACT MO				
11	INSTITUTION	Bait mo	write RURAL and give township)				
7	UNION MEMORINU HOSPITAL	D. STREET ADDRESS (If rural, give locat	ion) NORTHERN PARKWAY				
6		4003 N. PARK	WAY				
mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In yeo lost birthdoy)	Months Doys Hours Min.				
2	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY	17. BIRTHPLACE (State or (oraign country)	12. CITIZEN OF				
disposition	done during most of working life, even if retired)	120, - 120 -	WHAT COUNTRY?				
Sit	13. FATHER'S NAME DICHARD C NAVIETT	14. MOTHER'S MAIDEN NAME	L LIPINSKI				
Spo	RICHARD G. MAXWELL	Lieracki Chi	L LIPINSKI				
_	16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
final	(Yes, no or unknown) (If yes, give wer or dotes of service) SECURITY NO.	PARENTS - SAME	4003 Northern Pkwy.				
or t	18. 7 7 3 5 1 CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		7				
almed	(This does not mean the mode of dying, e.g., (A) //1	EMNTURITY	1)75				
	heart failure, asthenia, etc. It means the disease, injury at camplication which coused death.)		D1.				
E B	ANTECEDENT CAUSES	AlinE Membrane 1) 150	903 1075				
are	DISEASES OR CONDITIONS, if any, giving		1				
us c	rise to the above cause (A) stating the (C)	An Andrea 2 11 11 11 12 12 12 12 12 12 12 12 12 1	A				
Dai	II .						
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
before the	U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 1	20A. AUTOPSY! (Yes) or No. 20B. IF YES.	WERE FINDINGS CONSIDERED				
ret	EQNO	YES HE	Kalanda YES				
efo	OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF DEATH (notify relected garminer)	fice bldg. INJURY OCCUR?	Soltimore City, give exact location)				
	21D. TIME (Month) (Doy) (Your) (Hour) 21E, INJURY OCCURRED	2) F. HOW DID JULIURY OCCUR?					
btained	While At A Not Whi	le n	- 1 - 1 WA				
ota	Work D SI WORK D SI US MIN						
0	22. I certify that (I) (this hospital) attended the deceased from VAN 3091409M1966 to JON 31 1966, that (I) (we) last saw the deceased alive an JON 31 SUMMING 66 and that in (my) (aur) apinian death occurred an the date						
must be	and haur and fram the causes stated abave. (I) (We) (dld) (dld nat) view the bady after death.						
nus	23A. SIGNATURE		23B. DATE SIGNED				
	The onard S. Ho Hman MD M.D. Att	ending Med. Staff Phys.	1/3//66				
70	NAME (Type) Leonard S. Hoffman	23D. ADDRESS Union Memori	al Hospital				
approval	24A. BURIAL CREMATION, 124B. DATE 124C, NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)				
	REMOVAL (Specify)		(City, town, or county) (Stote) le, Balto. Co., Md.				
ritten	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR						
×	7 1056 A D & S Starten	25C. FUNERAL DIRECTOR Stewart	& Mowen Co.				

& Mowen 2SC. FUNERAL DIRECTOR Stewart 25B, NAME OF REGISTRAR CO. 8: N 108 W. North



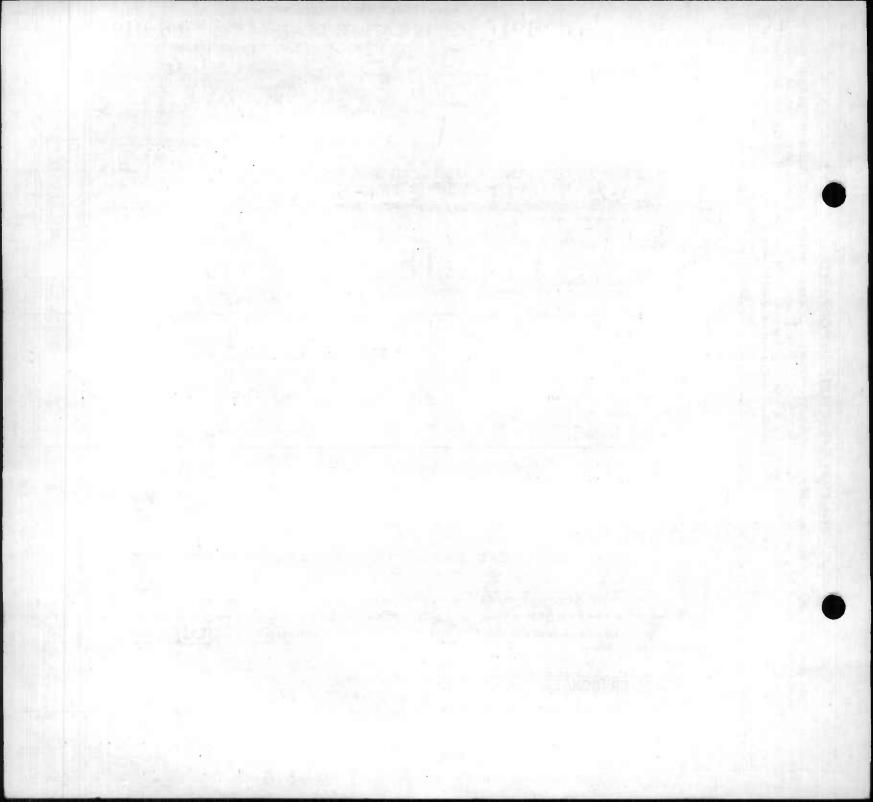
occurred death direct assistant if IMPORTANT Also, chief medical examiner DIRECTOR: medical FUNERAL 0 the approved by

certificate must

hospital

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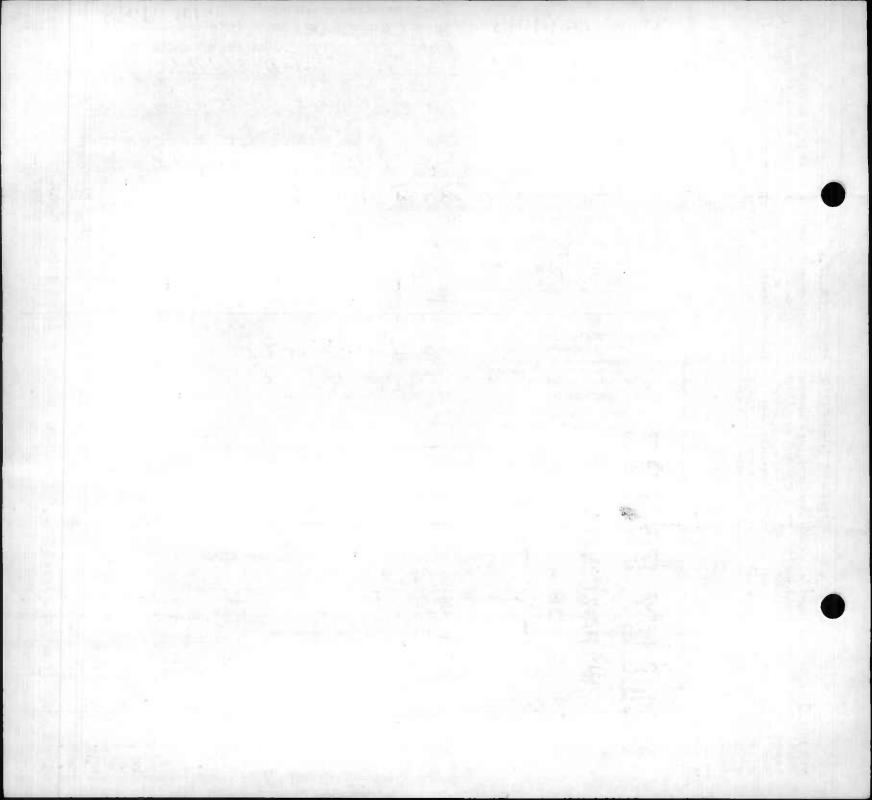
BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 66-01957 66 01247 Registered No. CERTIFICATE OF DEATH the t or contributing cause of death Undetermined cause; (5) Deceased M.E. CASE NO I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type uo death. 3. PLACE OF DEATH IN 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) ance A. STATE 8. COUNTY GIRL MAXWELL BABY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside/city limits, write RURAL and give attend 0 prior D. STREET ADDRESS (If rurol, give location) regular mad 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys 6. RACE 8. DATE OF BIRTH If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) lost birthdoy S 10A USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) = MOS the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 4 death uo kind; 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL ADDRESS or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance Hospital records any CAUSE OF DEATH pronounced INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not meon the mode of dying, e.g., DUE TO heart foilure, osthenio, etc. It meons the diseose, regular injury or complication which caused death.) ANTECEDENT CAUSES who DUE TO are DISEASES OR CONDITIONS, if ony, to the obove couse (A) stoling the 3 = physician UNDERLYING CONDITION last. the remains MOS burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (2) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where (If in Boltimore City, give exact location) to the hospital °Z MEDICAL DEATH (notify medical examined) etc.1 nature; obtained 21 D. TIME (Hour) 21 E INJURY OCCURRED (Month) (Doy) (Year) 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROX) At Work and Work any 22. I certify that (1) (this hospital) attended the deceased from 99 that (1) (we) last saw the deceased alive on and that in (my) (our) opinion death occurred on the date of death) a hospital and hour and from the couses stated obove. (1) (We) (did) (did nat) view the bady ofter deoth. the body was released must accident 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Stoff 0 Director Phys. approva 23D. ADDRESS 23C. PHYSICIAN'S prior OLAND DR RONALD to NAME-(Type) An M.D 24A. BURIAL CREMATION. 24B. DATE eceased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lows, or county) 0.0 REMOVAL (Specify) written 2/7/66 shows: PARKWOOD Balto. Co., Parkville, Md. MOS 258. MAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. ADDRESS 2SC. FUNERAL DIRECTOR U Mowen Co. 108 W.North Av., City VS 150-REV. 1/1/65



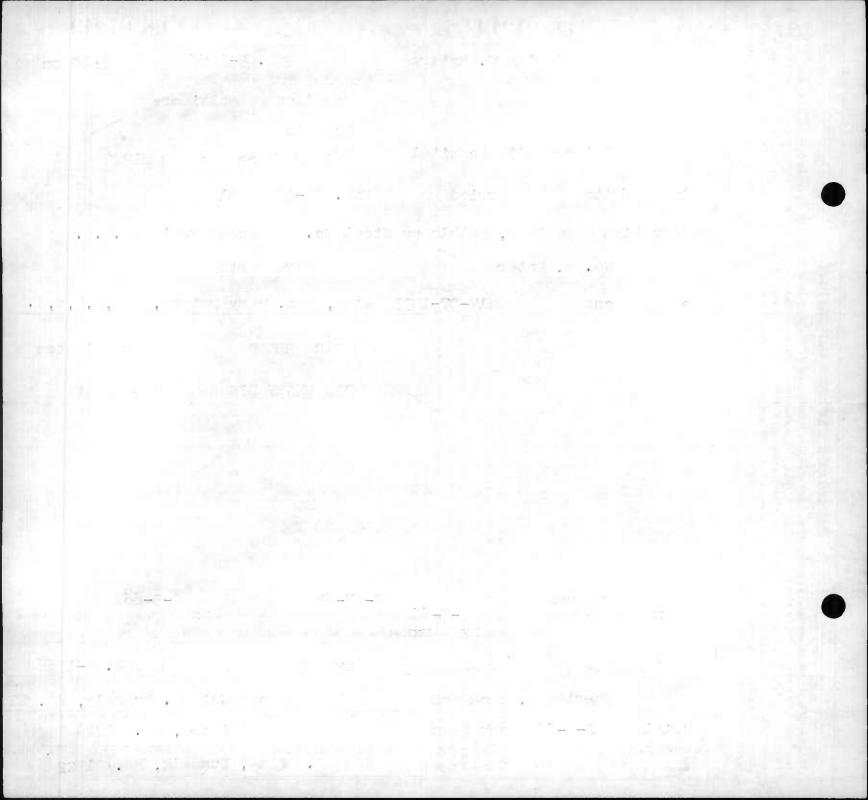
7	117	BALTIMORE CITY HEALTH DEPARTMENT	66 01248
- 0	40	BIRTH NO. 66-01958 66 11218 CERTIFICATE OF DEATH Regi	stered Na.
Pub	ased the Such	M.E. CASE NO.	OF DEATH
hospital	of of ath.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where doceds A. STATE 8. COUNTY	ed lived. Il institution: residence before admission)
5	(5) D ance deat		
	cause ise; (5) endan to de	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddross or tocotion) INSTITUTION (If not in hospital or institution, give street C. CITY OR TOWN (If outside city	TIMOSE 27-17
3	rause; attend ior to	UNION MEMORIAL HOSPITAL D. STREET ADDRESS III rurol, give	
.:	r att		
		4003 NOTTHERA	
	contributing efermined can negular at a secased prior on is made.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) NEVER MAYRIED 1-30-66 9. AGE (tost birth)	(In yeors doy) If Under 1 Yr. If Undor 24 Hrs. Months Doys Hours Min. 20 39
	re r	10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country done during most of working life, even if retired)	
*	or condet	INFANT MARYLAND	U.S.A.
7	was the cosit	13. FATHER'S NAME	
= :	- i - i - i - i - i - i - i - i - i - i	RICHARD G. MAXWELL 15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT	vsk:
PORTANI	the din kind; death nce on final di	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) III yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECORDS	ADDRESS
O	any ced ndar	18. 774 X 1 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
AP AP	Also, if e of any nounced attenda	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
WI	Als	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A)	
		heart failure, asthenia, etc. II moons the disease, injury ar camplication which caused death.)	F 1×1368
0		ANTECEDENT CAUSES (8) DUE TO	
ECT	wh wh	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (C)	
2	E - E	rise la lhe above cause (A) slaling lhe (C) UNDERLYING CONDITION last.	
5	dical errns; (sician was in mains		
RAL		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
NER	Bod the the ysic e th	[E 0]	F YES, WERE FINDINGS CONSIDERED RTIFYING CAUSES OF DEATH?
E ;	000	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, larm, loctory, street, office bldg., INJURY OCCUR?	(II in Boltimore City, give exect location)
1		21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCURRED While At Not While	CUR?
		While At Not While At Work	
	any ne (except); and		10 JAN 3/ 1966.
- 1	of o	that (1) (we) last saw the deceased alive on AN3/ 1966 and that in (m)	y) (aur) opinion death accurred an the date
3	of to of of to of of to of of to of of to of to of to of to of to of of to of to of to of to of of to of of to of to of to of to of to of to of to of to of of of to of of of to of of of of of to of of o	and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.	

This certificate must be the body was released shows: (1) An accident was D.O.A. at a hospid deceased prior to dear written approval must 23A. SJON ATURE 23B. DATE SIGNED House Stoll Phys. M.D. Attending Phys. Med. Director 23C. PHYSICIAN'S NAME (Typo) 23D. ADDRESS UNION 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) MEMOCIA 14 PSON M.D. UN 24D. LOCATION 2/7/66 BURIAL PARKWOOD PARKVILLE, BALTO. CO. D.

25C. FUNERAL DIRECTOR
Stewart & Mowen Co. 108 W. North Av., City 25A. DATE REC'D BY HEALTH DEPT.

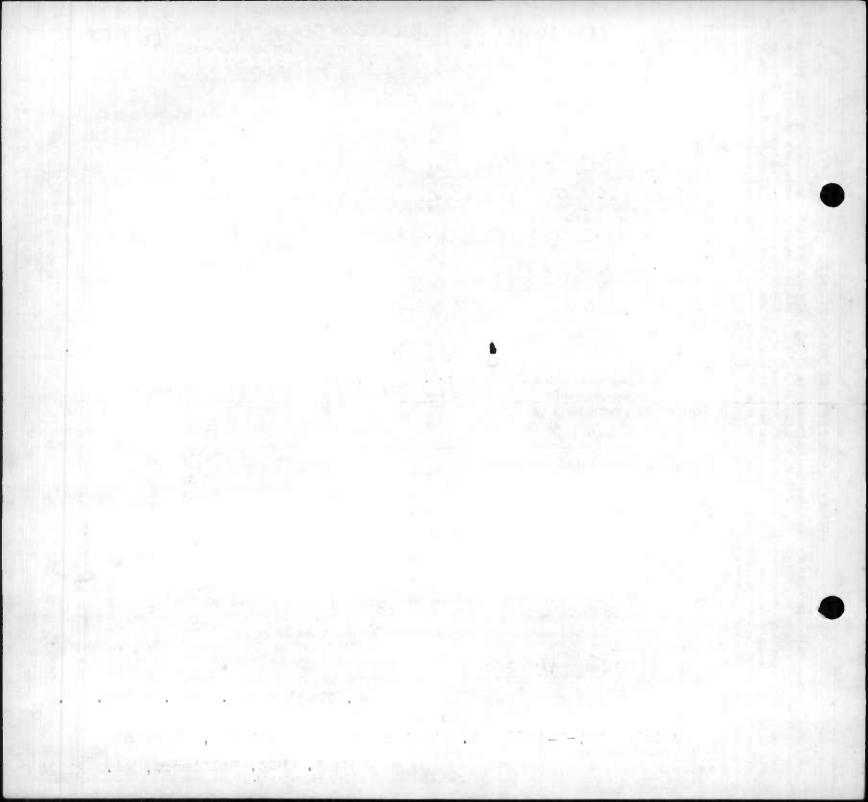


BIRTH NO.	66	U1249 CERTIFICA	ATE OF DEATH	Registered No.	S6 U1249				
M.E. CASE NO. 1. NAME OF DE (Type or Print)	CEASED	liam T. Peters	2. DATE A	ND HOUR OF DEATH	3:40 pm "				
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Who	ere deceosed lived. If in	stitution: residence before admission)				
FULL NAME HOSPITAL OR		Maryland							
INSTITUTION	Do 1+4ma no	City Hospital	Dundalk D. STREET ADDRESS (IF	turol, give location)	33-00				
1	Parcimore	7610 Parkw	rood Road	21225					
Male	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH Feb. 1841914	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
	CUPATION (Give kind of world) working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?				
ALTERNATION TO THE RESIDENCE OF THE PERSON O		itor, Bethlehem	Steel Co. F	ennsylvani					
3. FATHERS NA			14. MOTHER'S MAIDEN NA						
	Wm . T.	Peters	Nora M	artz					
	ed Ever in U. S. Armed For	rces? 16. SOCIAL	17. INFORMANT		ADDRESS				
No	None:	217-07-1333	Wife, Mrs. M	lary Peters	# 4,a,b,c,d.				
18.4/	6 X I		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH				
DISE	ASE OR CONDITION DI	RECTLY	CARDIAC ARRES	40 minutes					
	(This does not mean the made of dying, e.g., DUE TO								
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
	ANTECEDENT CAUSES		EUMATIC HEART	DISEASE	years				
DISEASES	OR CONDITIONS, if	DUE TO							
	the abave cause (A)	stating the (C)							
ONDERLIN	TO CONDITION 1851.								
E TO THE	NIFICANT CONDITIONS OF DEATH BUT NOT RELATED TO THE CONDITION CAUSING	ATED TO THE							
7	OF OPERATION 198. CON	20 A. AUTOPSY? (Yes or N	20A. AUTOPSY? (Yes or Not 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
OR CONTRI	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore Contributing Cause of DEATH (notity medical examiner) (If in Boltimore Contribution of								
21 D. TIME OF INJURY (APPROX.)	OF INJURY								
22. 1 certif	22. 1 certify that (I) (htt to pertinal) attended the deceased from 2-27-63 19 to 2-5-66 19								
thot (I) (32	e) lost sow the decease	ed olive on 2=5=66	19and th	hot in (my) Kali r) opi					
23A. SIGNAT		ted obove. (I) \$1920 (did) \$200 50t)	view the body offer death.		23B, DATE SIGNED				
Charles E. Thompson Phys. Director Director				Stoff Phys.	Feb. 2-1966				
23C. PHYSICI	IAN'S	· rongen	23D. ADDRESS	Phy s.	Len. 5-1300				
1421416	Charles	E. Thompson M.	2903 West Wo	odwell Rd.	Dundalk, Md.				
BUPTA	REMATION, 248, DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. I		ly, tawn, or county) (State)				
SA. DATE REC	D BY HEALTH DEET.	258. NAME OF REGISTRAR	JOHN J. DUDA	R	ADDRESS				
S 150-REV. 1/1	1/65	1 3 6 6 8 3	9 1 9 1 8		,				



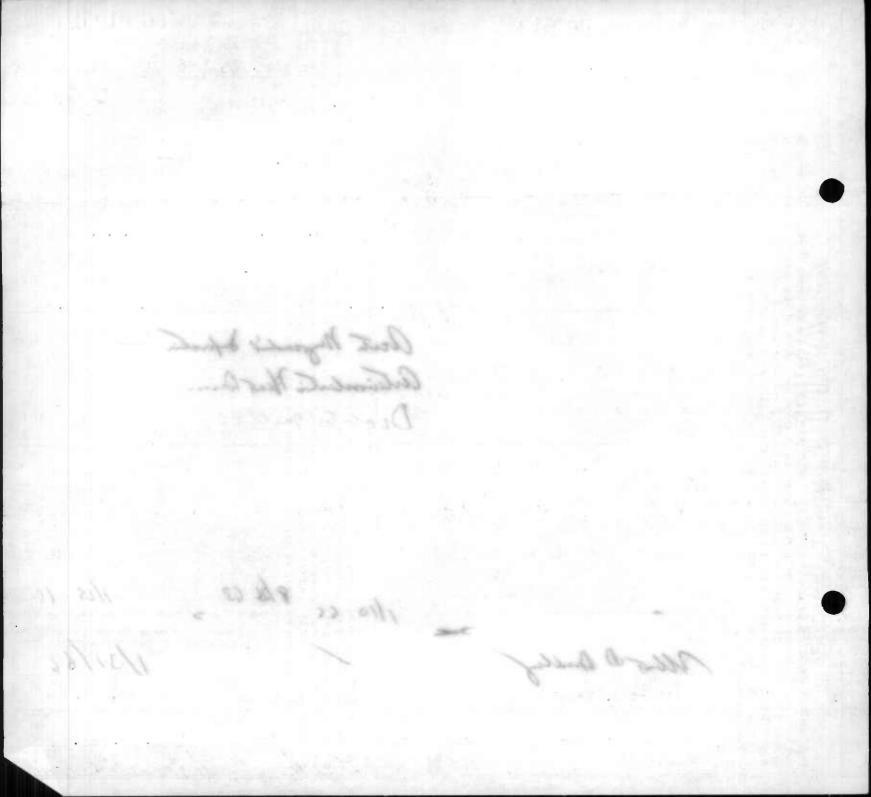
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. M.E. CASE NO.	66 01250	CERTIFICA	TE OF DEATH	Registered Na.	66 01250
I. NAME OF DECEA			2. DATE A	ND HOUR OF DEATH	,55
00.	SEPH M. G	ASIOR	U4 HEHAL BESIDENCE/WIL	3/66	nstitution: residence before odmissi
FULL NAME OF	(If not in hospital or institution	alue aleest	A. STATE B. COU	NTY	nstitution: lesidence befole odmissi
HOSPITAL OR	oddress or lacotion)		C. CITY OR TOWN (If o		RURAL and give township)
19	NORTH Char	cles Gen Hay	D. STREET ADDRESS (I	f rural, give location)	
	2724 N. Cha			ECKER A	
Male 6.	111 1 WIDOW	D NEVER MARRIED ED, DIVORCED (specify)	2/11/02	9. AGE (In years lost birthday)	If Under 1 Yi. If Under 24 H Months Doys Hours Min.
dane during mast of wor	ATION (Give kind of work 10B, KIND (king life, even if retired)		MI	reign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	15012 JEN1	uderburg-Ku	14. MOTHER'S MAIDEN NA	AME	HMER
Mich	al DASIOR		Julia	NAPORA	
5. Was Deceased Ev Yes, na oi unknawn) (If	er in U. S. Armed Forces? yes, give war or dates of service		17. INFORMANT	7	ADDRESS
1B. / 9 9	NO	213-05-242	F DEATH		INTERVAL BETWEEN
	OR CONDITION DIRECTLY	Oar	ninama Mi	F 6	ONSET AND DEATH
(This does not	meon the mode of dying, e.g		Carwina u	ang 9	3 1761.
injuly or compli	cotion which coused deoth.)	000	tomach	lerin Doss	Fal
	TECEDENT CAUSES	DUE TO		000	
iise la lhe	CONDITIONS, if any, givin obove cause (A) stating the CONDITION lost.			999 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
E TO THE DEA	II ANT CONDITIONS CONTRIBUTI TH BUT NOT RELATED TO TO				
19A. DATE OF O		WHICH OPERATION	20A. AUTOPSY? (Yes or	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
DEATH (natify me	NG CAUSE OF he	B. PLACE OF INJURY (e.g., inme, farm, foctory, street, oc.)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimor	re City, give exoct location)
21D. TIME (A		E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		/hile AI Nat Whi At Wark	le 🔲		
22. I certify the	ot (1) (this hospital) attended	the deceased fram		1966 to F	
	st saw the deceased alive an		19 6C ond t	hat in (my) (aur) opi	inion death accurred on the d
and haur and fr	am the causes stated above.	(I) (We) (did) (did nat) '	view the bady after death	•	23B. DATE SIGNED
I A A	remio Unciac	M.D. AH	ending Med.	Stoff	2-3-66
23C. PHYSICIAN	7	CK M Phy	23 D. ADDRESS	Phys,	α-5-66
NAME (Type	mervin Jan	UDRSKI M.D.	N. Charles	Gen. Hosp	· Balto. Md.
24A. BURIAL CREMA REMOVAL (Spe		NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	ily, town, or county) (State
Burial		St. Stanisl		timore, Ma	
25A. DATE REC'D BY	1966 CONTRACTOR	OF REGISTRAR	JOHN J. DUD	A, Baltimo	ADDRESS
VS 150-REV. 1/1/65		6680	2 1	2 DOLULIIO	re, Md. 21224



VS 150-REV. 1/1/65

			BALTIMORE CITY	HEALTH DEPARTMENT		(1)		
	RTH NO.	6 0125	CERTIFICA	TE OF DEATH	Registered Na.	66 01251		
1.	NAME OF DECEASED			2. DATE	AND HOUR OF DEATH			
	(Type or Print) Lydia R. Weilbrenner 3. PLACE OF DEATH IN BALTIMORE, MARYLAND			Ja	n. 29. 1966	6:30 A M. nstitution: residence before admission)		
3.	PLACE OF DEATH IN BALTIA	ORE, MARYLAND		4. USUAL RESIDENCE (WI	nore deceased lived, II i	nstitution: residence before admission)		
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION			Md. Bal.	timore putsido city limits, write	2 G - 02 RURAL ond give township)		
-0				Baltimore				
91	Belair Nursing Home			D. STREET ADDRESS (If rurol, give facotion)				
-				B. DATE OF BIRTH 19. AGE (In years If Under 1 Yr. If Under 24 Hrs.				
5.	SEX 6. RACE	WIDO	WED, DIVORCED (specify)		lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
10	Female Whit	e W:	Ldowed	April 25,188	9 76	12. CITIZEN OF		
	ne during most of working life, ever		or positives on the order	The section and a fallote of the	icigii cooliny;	WHAT COUNTRY?		
12	Housewife			Balto . Md		U.S.A.		
13	FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
	Charles Burt	on		Annie V.				
15. (Y	. Was Deceased Ever in U.S. es, no or unknown) (If yes, give v	Armed Forces? vor or dolos of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	No			Mr. Charles B	urton 4621	St. Thomas Are.		
	1B.260X 1		CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDI		Cla	I hand	4 1.1.	-		
	(A) With To your of the mode of dying, e.g., [This does not mean the mode of dying, e.g., [This does not mean the mode of dying, e.g.,							
	heart lailure, asthenia, etc. II means the disease, injury or complication which coused death.)							
	ANTECEDENT	CAUSES	(B) Citte	woodendin of	af brosse	**************************************		
	DISEASES OR CONDITIO	NS, il any, giv	ring	() from m	111			
	rise to the obove co		the (C)	abiles me	A. 1			
		1 1031.						
Z	OTHER SIGNIFICANT CONE	TIONS CONTRIBU	TING					
ATION	TO THE DEATH BUT I	AUSING IT.	THE					
1	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i			20 A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED		
103	21A. ACCIDENT WAS UND	OLVING -	210 BLACE OF INTURY	A STATE OF THE PARTY OF THE PAR				
I A	OR CONTRIBUTING CAUS	EOF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, olf otc.)	ice bidg., INJURY OCCUR?	(If in Boltimor	re City, give exect lecetion)		
1.								
2	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not While			21 F. HOW DID I	NJURY OCCUR?			
	(APPROX.)		Work At Work		1.			
	22. 1 certify that (1) (this hospital) attended the deceased fram \$ 269 63 to //25 19 // .							
	that (I) (we) last saw the deceased alive an							
		uses stated abav	e. (1) (Wa)-(414) (did nat) vi	iew the bady after death				
	23A. SIGNATURE	h				23B, DATE SIGNED		
	Mb &	prolley	M.D. Atter	nding Mod. Director	Stoff Phys.	1/3//66		
	23C.PHYSICIAN'S NAME (Typo)	0	2	3D. ADDRESS	70 3			
	Albert B. B	radley	M.D.	4900 Belain	Road Bal	timore, Md.		
24	A. BURIAL CREMATION, 24B.	DATE 240	C.NAME OF CEMETERY OF CRE	MATORY 24D.	LOCATION IC	ity, town, or county) (State)		
1	Burial 2	-1-1966	Parkwood Cemet	cerv Pa	rkville Bal	to. Co. Md.		
25	A. DATE REC'D BY HEALTH D	ERT. 258. NAM	ABOF RAGISTRAR	25C. FUNERAL DISECTO	OR de les	ADDRESS		
IL	EED (1300	Checked D. S.	Board of	Lagrann	Timecal He	40 1401 April 1		



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(2) Body

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An accident

the body was released

to the hospital by

IMPORTANT

FUNERAL DIRECTOR: the chief medical examiner Registered No

("	0	11	252		

M.E. CASE NO. (Type or Print)

BIRTH NO.

Hattie Jones

2. DATE AND HOUR OF DEATH

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

(If not in haspital or institution, give street

Maryland C. CITY OR TOWN

RESIDENCE (Where deceased lived, If institution; residence before admission)

(If outside city limits, write RURAL and give township)

FULL NAME OF HOSPITAL OR INSTITUTION

address or location) Baltimore City Hospitals

4940 Eastern Avenue Baltimore, Maryland

21224

o. STREET APPREStimore Orty Hospitals

6. RACE 5. SEX Female Negro 7. MARRIED, NEVER MARRIED

8. DATE OF BIRTH 5-24-1892

Baltimore

9. AGE (In yours lost birthdoyl

If Under 1 Yr. Months: Days If Under 24 Hrs. Haurs Min. Hours

tOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even il retired)

Maryland

14. MOTHERS MAIDEN NAME

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

6. SOCIAL

17. INFORMANT

ADDRESS

15. Was Deceased Ever in U. S. Armed Farces? (Yos, no or unknown) (If yos, give wor or dates of service)

SECURITY NO.

Records: BCH-4940 Eastern Avenue

21224

INTERVAL BETWEEN

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if ony, rise to the obave couse (A) stating the UNDERLYING CONDITION lost,

CAUSE OF DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION

that (I) (we) lost sow the deceased alive on

20A. AUTOPSY? (Yes or Na)

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

21 & PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, larm, factory, street, office bldg., INJURY OCCUR? otc.

(If in Baltimare City, give exact location)

MEDIC OF INJURY

(Month) (Doy) (Year) (Haur)

21E INJURY OCCURRED Nat While While At

21F. HOW DID INJURY OCCUR?

Med.

(APPROX.) 22. I certify that (I) (this hospital) attended the deceased from assul

WAS PERFORMED

At Work

... and that in (my) (our) opinion death occurred on the date

and hour and from the couses stoted obove (1) (We) (dld) (Bld not) view the body ofter deoth. 23A. SIGNATURE

24C. NAME of CEMETERY

Attending M.D. Phys. 23D. ADDRESS

or CREMATORY

Stoff Phy s Director _

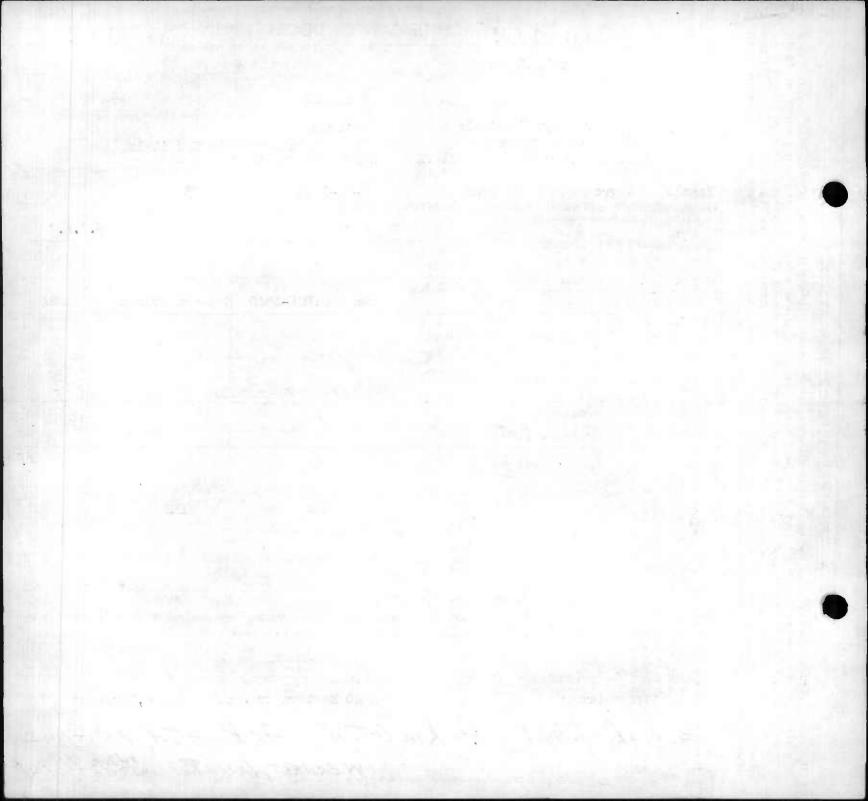
238 DATE SIGNED

Stephen Gregg

M.o. 4940 Eastern Avenue, Baltimore, Maryland

		AL CREP			L DAI	E	
	REMAC	VAL (S	pecify)			- 1	
	/	^		11-	2 //	111.	11
	10	1181	A 1	. /	18	114	hh
1		011	17/	VI	101	71	VV
EA	DATE	RECID	BW 115	AI TLL	meny	/	000 1

23C. PHYSICIAN'S



BIRTH NO		BALTIMORE DICAL EXAMIN	CITY HEALTH DER'S CERT		OF DEATH R.	66 gistered No	01253
1. NAMI (Type or	OF DECEASED /4			2. DA	TE AND HOUR PRONC		10.00 7
	ALPHONSO	BERRY WHERE PRONOUNCED DEAL		ICULAL BESTDENICS	February 4		10:20 P
3. PLACE	IN BALTIMORE, MARILAND,	WHERE PRONOUNCED DEAL		STATE		COUNTY	dence betate admission)
FULL NA HOSPITA INSTITUTI	OR ADDRESS OR LO	PITAL OR INSTITUTION, GIVE (CATION)	STREET C.	Maryla CITY OR TOWN (I Baltim	f outside corporate limits	, write RURAL or	nd give tawnship)
38	University	Hospital	D.	STREET ADDRESS	(If rurol, give locotion) emmon St.	10)
5. SEX	6. RACE	7. MARRIED, NEVER MAR		ATE OF BIRTH	9. AGE (In	years If Under	1 Yr. If Under 24 Hrs.
mal	e white	MARRIED (SP	pecity)	2-16-1914	last birthday	51 Months	Days Haurs Min.
done durin	AL OCCUPATION (Give kind of gomest of working life, even if retire of the second of th	Work OB. KIND OF BUSINESS O		NORTH SOTHER'S MAIDEN	AROLINA	12. CITIZE WHA	EN OF T COUNTRY?
	DECEASED EVER IN U.S. ARA unknown, Ilf yes, give war or			NFORMANT BE	erry-625	BRISBA.	Ne Ret 29-
DI	DISEASE OR CONDITION LEADING TO DE. is does not mean the mode of foilure, ostherno, etc. It me upy ar complication which cous ANTECENDENT CA SEASES OR CONDITIONS, I E TO THE ABOVE CAUSE (A	ATH of dying, e.g., ons the disease, ed death.) USES F ANY, GIVING DI STATING THE		spiratory	infection monoxide po		INTERVAL BETWEEN ONSET AND DEATH
NOIT	IDERLYING CONDITION LA	(C)					*******************************
FILE						RE FINDINGS CO	ON SIDERED
NILD DIO	EXTERNAL CAUSE WAS ERLYING GOR CONTRIB- G CAUSE OF DEATH.	218, PLACE OF IN home, form, factor etc.)		obaut 21C. WHERE	DID (If in Boltimore Cur? 3 Lemmon St.	ity, give exoct to	cation)
21D OF It	TIME (Month) (Doy) (Year) (Hour) 21E. INJURY	CCURRED	21F. HOW D	ID INJURY OCCUR?		gas
(APP		1966 ?m. WHILE AT	NOT WHILE		ently expose	d to carb	on monoxide
	I certify that I held on resulted from: Narocol ACTUAL SIGNATURE EXAMINER'S NAME (Type) Rudig		Suicide	Homicide CHIEF MEDIC	on this bosis, deeth Undetermined of the state of the st		DATE SIGNED 2-6-66
23A, BUI	RIAL CREMATION, 23B. DATE (Specify) RIAL Feb.	9-1966 Loude	CEMPTERY OF CR	Con	23D. LOCATION	ALTO - 1	county) (Stote)
FE FE	B 6 1966 (45.47	248, NAME OF REGISTRA	NR.	THOMPS I	Kenny /NC	1600 A	ollins 5
VS 151-1	EV. 1/1/65	9966	0 10	125	3 2		

10 - 401-41 5 as the myst Test Grant Lang. Let Persons derina Feb 9-1986 Locaton Page Con Die of Med FORTE KANEYSEE THEE HESSEET

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 11254 BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD Edward (Type or Print) 3:36 p. Burns, 2/3/66 James Sr. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR Baltimore D. STREET ADDRESS (Il rurol, give locotion South Baltimore General Hospital 4360 Shamrock Ave. B. DATE OF BIRTH 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months , Doys , Hours , WIDOWED, DIVORCED (specify) lost birthdov Min. July 2, 1897 married 68 white 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Police - Steam Maritime Guard Co. Baltimore, Md. 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Annie Murphy James E. Burns 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Anna Marie (nee Phillips) wife, above 217-20-0165 WW1-Army yes 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 800 1 1 DISEASE OR CONDITION DIRECTLY (AArteriosclerotic cardiovascular disease LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). NO CERTIFICATI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? ves yes 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., NJURY OCCUR? 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21 E. INJURY OCCURRED (Month) (Dov) (Yeor) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) 22 Autopsy X I certify that I held an Inquiry Inspection and that an this basis, death In my apinlon resulted fram: Natural causes X Accident Sulcide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE 2/4/66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) Werner U. Spitz 23A. BURIAL CREMATION. 23C, NAME of CEMETERY or CREMATORY 23 D. LOCATION (City, town, or county) (Stotol REMOVAL (Specily) Baltimore. Md. Baltimore Nat. Cem. Burial 2/7/66

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.

248 NAME OF REGISTRAR

Schimunek Funeral Home, Inc. 3331 Brehms Lane

the transport of the Police - Stram Maraing Courdets. Share o comes sunday of the feet that the plant and the contraction and . Mr. . Maltimore Wal. Com. . Maltimore. Mil.

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BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CG (1955) 66 01255 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) William Herbert Tress Feb. 4, 1966 3. PLACE OF DEATH IN BALTIMORE, MARYLAND RESIDENCE (Where deceased lived. If institution; residence before admission) FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street C. CITY OR TOWN (If outside city limits, write RURAL and give township) oddress or location) US Public Health Service Hospital D. STREET ADDRESS (If rurol, give location) Wyman Pk. Drive & 31st Street 4408 Kavon Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. lost birthdoy WIDOWED, DIVORCED (specify) Hours 2/24/94 Married 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Md. Baltimore USA Retired_Comm. USN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walburga Freede Walter J. Tress 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. Records- US PHS Hospital, Balto, Md. Yes USN 111_127 220-44-7687 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Myocardial infarction of LEADING TO DEATH Hours (This does not meon the mode of dying, e.g., DUE TO apex of left ventricle heart foilure, osthenio, etc. Il meons the diseose, injury or complication which caused death.) Years Atherosclerosis, generalized ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION last, Postoperative resection of cancer Months OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Years DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc. MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At [(APPROX.) At Work 22. I certify that (1) (this hospital) attended the deceased from..... Jan. Feb. 4 19 66 that (I) (we) last saw the deceased alive an..... and that in (my) (our) apinian death accurred an the dote and hour and from the causes stated above. ((We) (did) (sid het) view the bady after death. 23A. SIGNAT 23B. DATE SIGNED 2/4/66 Director 23 C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS

Thomas J. Lau, Surgeon (R) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)
Burial 2/7/

EEB 7 1966 (258. HAME OF TIGISTE

2/7/66

M.D.

US PHS Hospital, Balto, 21211, Md.

24C, NAME of CEMETERY OF CREMATORY Balto. Nat. Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

Schimunek Funeral Home, Inc. 3331 Brehms Lane

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VS 150-REV. 1/1/65

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		BALTIMORE CITY	HEALTH DEPARTMENT		66 01256
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41/	Union Memor:	ial Hospital	Baltimo D. STREET ADDRESS (IF	rurol, give location)	
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		ed abave. (1) (We) (dld) (did nat) v	iew the bady after death.		
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NA	Dr. John W	Parnahu	1531 E. No	orth Avenu	le le
	CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (C	City, town, or county) (State)
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Dul.	TOT 2/1/0	Dat crimore Mar	TOURT CAME	in crimore,	I'ICL 0

Schimunek Funeral Home, Inc. 3331 Brehms Lane

25B. NAME OF REGISTRAR

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pit De ath	3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If ins	titution; residence before admission)
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Johns cause cause; (5)		HDSPITAL OR oddress or location)	C. CITY OR YOWN (If outside city limits, write RI	URAL and give township)
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r dec			14. MOTHER'S MAIDEN NAME	0.0.
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4 + 0 = 0 0 B		s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		
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		R SPENCER M.D.	JUHNS HOPKING HOSP	
O T E NE S P P	24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	EMATORY 24D. LOCATION (City	y, town, or county) (State)
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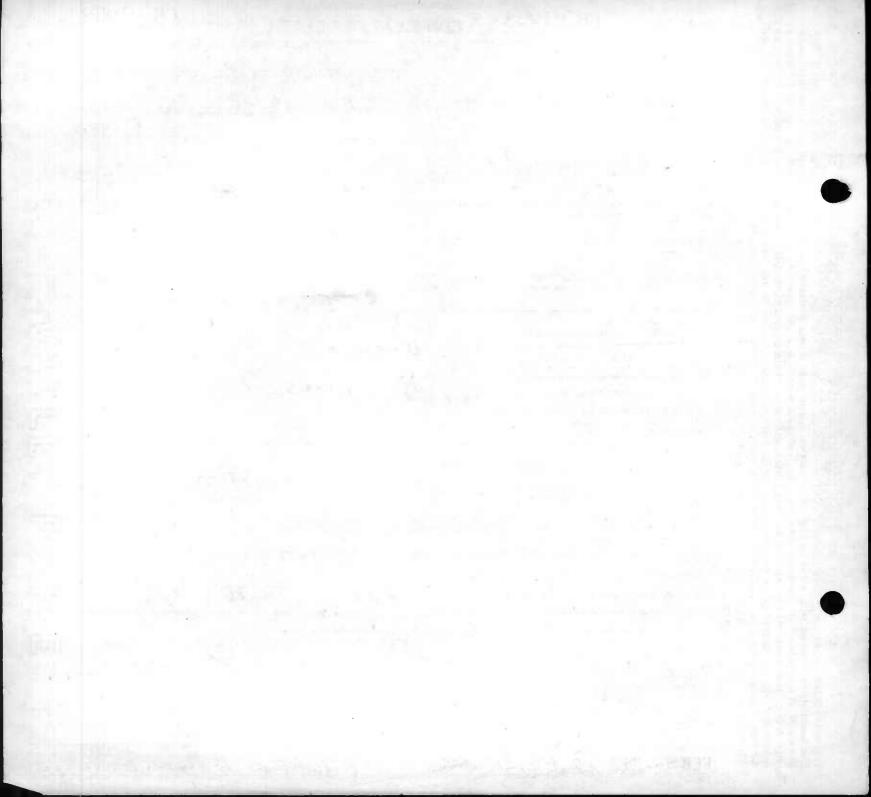
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

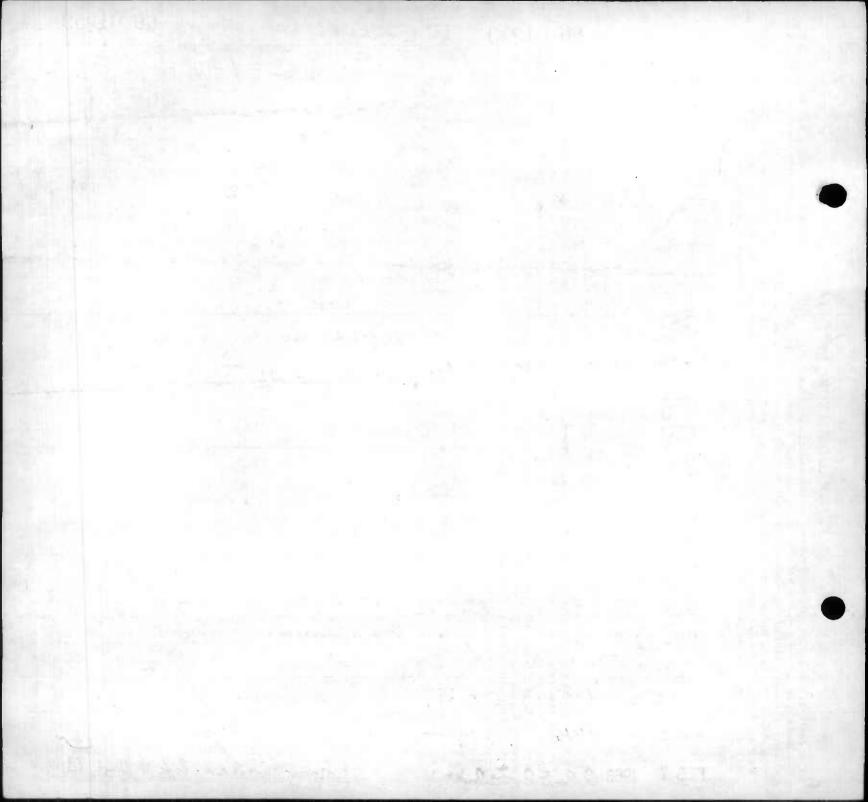
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		Y HEALTH DEPARTMENT	00	114050
BIRTH NO. 66 01258	CERTIFICA	ATE OF DEATH	Registered No.66	91208
I, NAME OF DECEASED (ASE) C C RE S-PLACE OF DEATH IN BALTIMORE, MARYLAND	oker	2/1	D HOUR OF DEATH	1645 f-
FULL NAME OF (If not in hospital or institut HOSPITAL OR address or lacation)	ion, give street	c. clit or town ill out	Iside city limits, write RU	RAL (and give township)
University of 1	Marykand He	D. STREET ADDRESS (IF	rurol, give lacation) Mary 5	57
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	MAY 25, 1912		If Under 1 Yr. If Under 24 Months Days Hours A
0A, USUAL OCCUPATION (Give kind of work 108, KINI lane during most of working life, even if retired)	O OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	9:5.
5. Was Deceased Ever in U. S. Armed Farces? Yes, na ar unknown) (If yes, give war ar dates of servi	ce) 6. SOCIAL SECURITY NO.	CATHERINE Z	300Ker-765	+ Marys S
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(This does not meen the mode of dying, heat failure, asthenia, etc. It means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, give to the above cause (A) stating	ose, (B) / C DUE TO	pertensio	ч	>
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27A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	218. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore C	ity, give exact lacation)
21D. TIME (Manth) (Day) (Year) (Haut) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not Work Wark At Work		URY OCCUR?	
22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE 1	on	19.6 c ond the		an death occurred an the
NAME (Type) WILLIAM C WIM M 24A. BURIAL CREMATION, 24B. DATE 246	C. NAME of CEMETERY OF C	REMATORY 24D. LC	ocation icity,	tawn, or county) (St
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		Nonth Ar



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

	BALTIMORE CIT	Y HEALTH DEPARTMENT	7	00 01050
BIRTH NO. M.E. CASE NO. 66 012	59 CERTIFICA	ATE OF DEATH	Registered No.	66 01259
T. NAME OF DECEASED	1/	2. DATE AND	HOUR OF DEATH	C 20
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If i	nstitution: residence before odmission)
FULL NAME DF (If not in hospital or insti	tution, give street	Md C. CITY OR TOWN (If outs	***	1402
INSTITUTION			ide city limits, write	RURA'L and give township)
1015h. Bru	ee st	D. STREET ADDRESS (If ru	urol, give location)	
T WI	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
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done during most of working life, even if retired) 13. FATHER'S NAME		Virginia		WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
15. Was Deceased Ever in U. S. Armed Forces?	?	17. INFORMANT		? ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of so		Chart		Abbitas
18. 3.3.4 X	CAUSE	OF DEATH		INTERVAL BETWEEN
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injury ar camplication which caused death.)	DEHYDRAT		,
ANTECEDENT CAUSES	DUE TD	4		
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DTHER SIGNIFICANT CONDITIONS CONTRI				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinar)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)
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	Work At Work		966 10 2-	1- 1061
22. I certify that (I) (this hospital) attention that (I) (we) last saw the deceased alive		1 .		Inion death occurred on the date
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and hour and from the couses stoted ob	(via) (via) (via 1)01)	ine sour other deorn.		23B. DATE SIGNED
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23C. PHYSICIAN'S NAME (Typo)	15-1	23D. ADDRESS	n 481	7 (1.0
24A, BURIAL CREMATION, 124B, DATE	LETON M.D	1	a lit	
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, , ,	Mt Auburn Ce		ar critical i	ADORESS
EED 7 1000 A - A	AME OF REGISTRAR	25C. PUNERAL DIRECTOR	13. 13u	to word Lex
Durial 2/5/66 25A. DATE REC'D BY HEALTH DEPT. 25B. N FEB 7 1966 0 5 2 VS 150-REV. 1/1/65	XI Challen Mills	Veplopina Ha	Istead / 12	P. Maren Aves

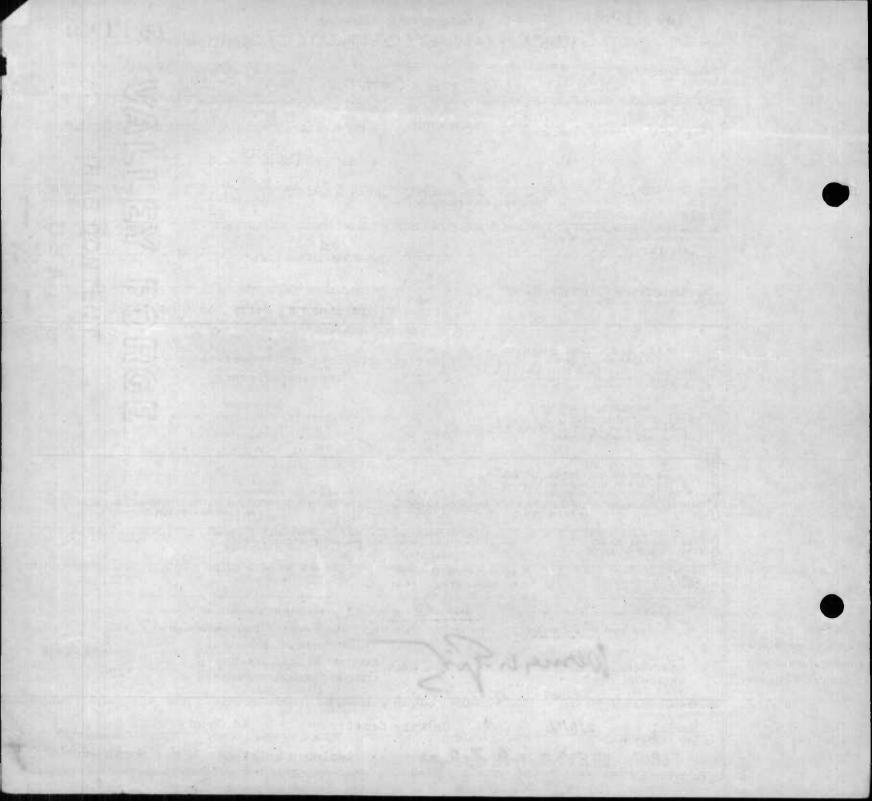


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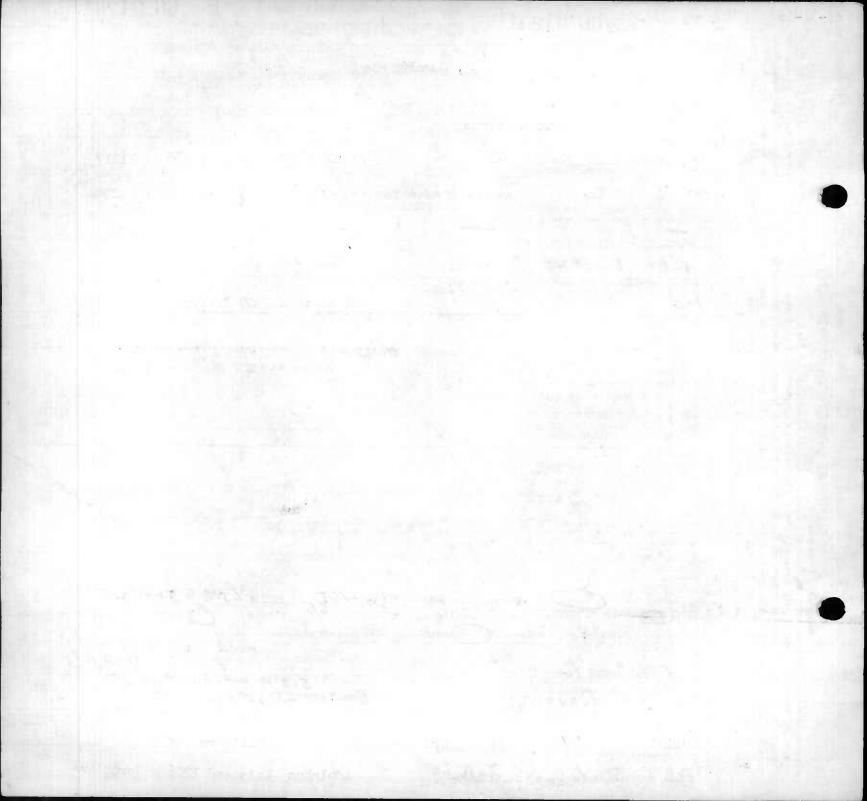
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MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH Registered

66	01260		BALTIMORE CITY HEAL	TH DEPARTMEN	IT		200 103	25/19/5
BIRTH NO.	MEDI	CAL EX	CAMINER'S C	ERTIFICA	TE OF DI	EATH Register	ed No.	اللابالح
M.E. CASE NO.		LUJ						
1. NAME OF DI	ECEASED		1-		2. DATE AND	HOUR PRONOUNCE		
	******		TII MALA	erry)		1/28/66		1:00 p. M
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	ENCE (Where de	ceosed lived. If insti	tution; residence	before odmissio
FULL NAME OF	UF NOT IN HOSPITA	COR INSTITU	JTION. GIVE STREET	Ma	ryland			
HOSPITAL OR	ADDRESS OR LOCA	TION)		C. CITY OR TO	WN (If outside o	corporate limits, write	RURAL ond gi	ve township)
12					Baltimor		11/-	
10				D. STREET ADD				
	536 Moore S				Moore S		11/11/1/19/2	V 11 1 01 11
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT	Н	9. AGE (In years lost birthdoy)	Months Doy	r. If Under 24 Hr. s Hours Min.
male	colored		?			55		
	CUPATION (Give kind of work of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN C	
Labor	er			Md				Carried -
13. FATHER'S NA	ME			14. MOTHER'S M	AIDEN NAME			
			?				?	
	SED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	4		ADDRESS	
		1		Mrs Mine	rya Ber	ry 536 M	pore St	
OTHER SI	ASE OR CONDITION DI LEADING TO DEATH s not meen the mode of re, osthenio, etc. If meons complication which coused ANTECENDENT CAUSE S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S' (ING CONDITION LAST. II	dying e.g., the discose, deoth.) S NY, GIVING ATING THE	(B) DUE TO (C)		and hyp ular dis	ertensive ease	cardio-	
- 10 THE	OR CONDITION CAUSING		HE					
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21A. EXTERN O UNDERLYING UTING CA	IAL CAUSE WAS 5 OR CONTRIB- AUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	no in or about 21C. No office bldg. INJUR	WHERE DID (If	in Boltimore City, giv	ve exoct locatio	n)
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Buria.			Mt Calvary OF REGISTRAR		AL DIRECTOR	County	Md	RESS
FFF	3 7 1966 1	2 8-9	Fr. Owner	Adolp	hus Halst	tead 1206	W North	Ave

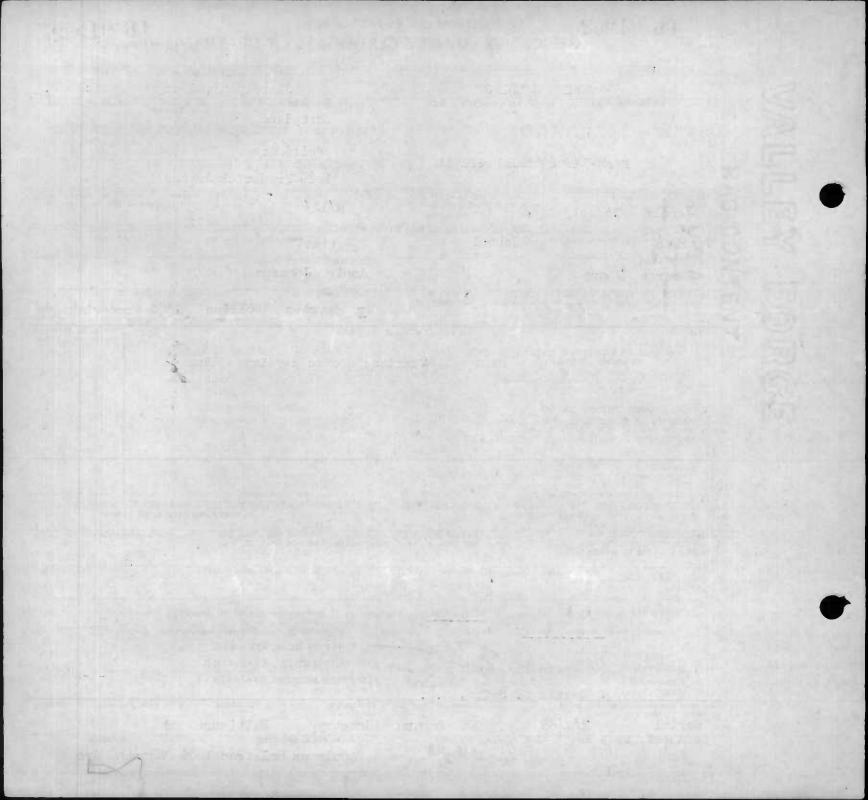
VS 151-REV. 1/1/65



4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If outside city limits, write RURAL and give township) 21217 Months: Doys Hours Min. 2. CITIZEN OF WHAT COUNTRY? USA ADDRESS RECORDS:BCH 4940 Eastern Avenue 21224 ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the body was released to the hospital by a (If in Boltimore City, give exact location) and that In(my) (out) opinion death accurred on the date 238, DATE SIGNED approval 23D. ADDRESS 513 W. WASHINGTON was D.O.A. deceased written ap 24A. BURIAL CREMATION, 24B. DATE shows: (1) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR Cemetry Baltimore Adolphus Halstead 1206 W North Ave

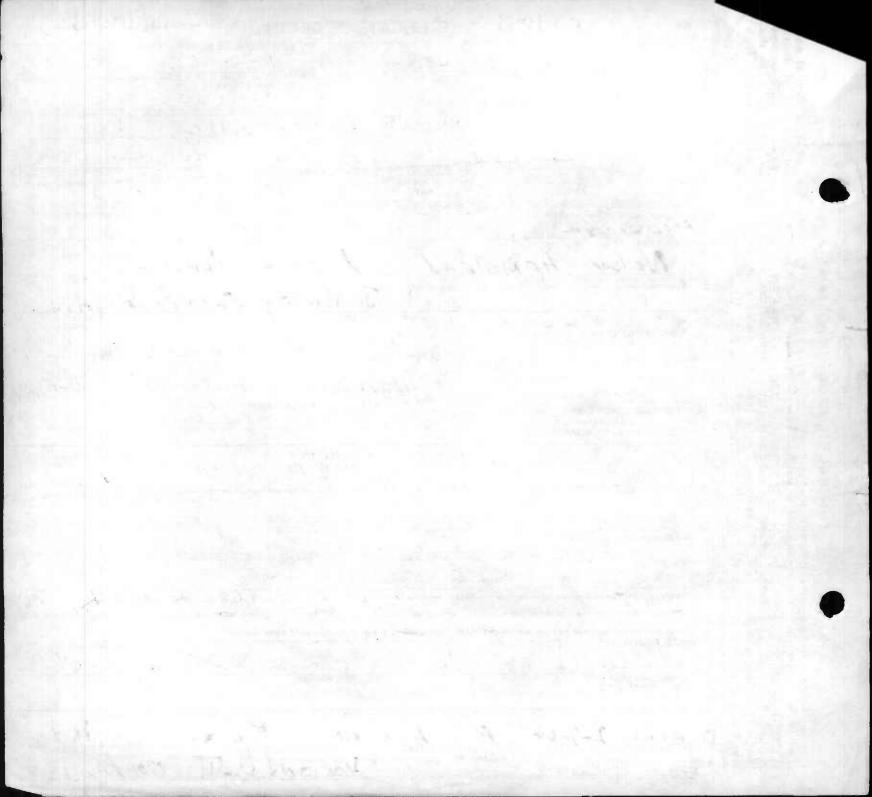


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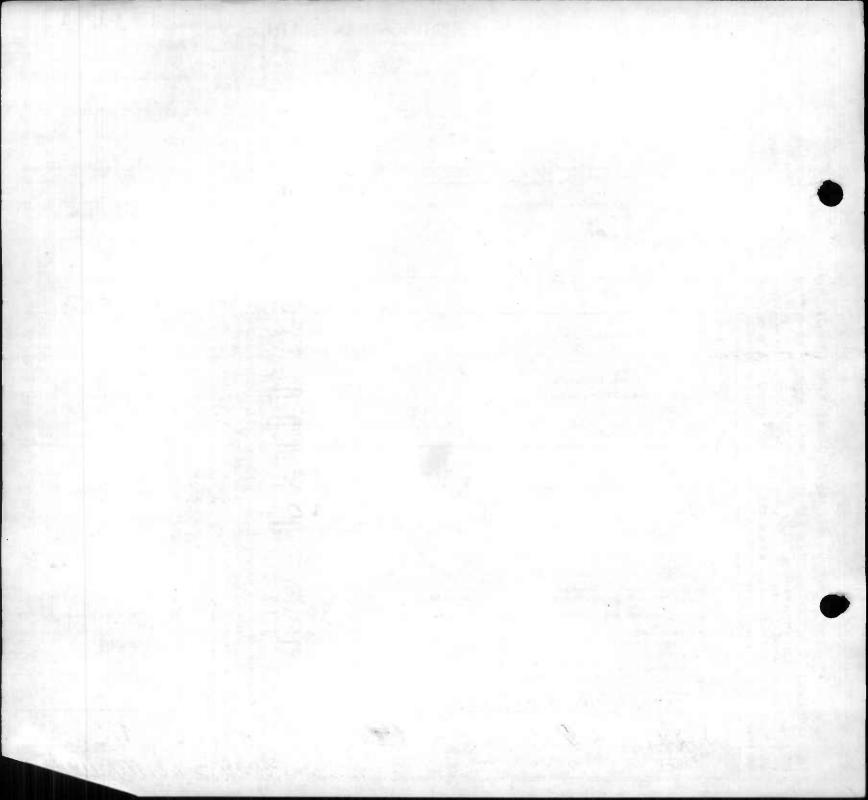


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hos, the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause os shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decwas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Su FUNERAL DIRECTOR: IMPORTANT

BIRTH NO. 66 0126	CEDITIEICA	TE OF DEATH	Registered Na.	01963
M.E. CASE NO. T. NAME OF DECEASED	CERTIFICA	V	1	
(Type or Print) BLANCHE	BURLEY		2 - 66	5:00 P
3. PLACE OF DEATH IN BALTIMORE, MARYLANI		4. USUAL RESIDENCE (Where	deceased lived. If institution	n; residence before odmission
FULL NAME OF (If not in hospital or instit	tution mus sheet	M. STATE B. COUNT	ATTO.	
HOSPITAL OR oddress or location)	1	C CITY OR TOWN (If outs)	de city limits, write RURAL	ond give township)
) SINAI HOSY	o the of Balto	0,10,00	1,11-e	53-00
Balto 15	~ ~ 1		rol, give location) N - NUNSIA	ic House
7, 1	RRIED, NEVER MARRIED	.00	•	
	OOWED, DIVORCED (specify)		st birthdoy) Month	nder 1 Yr. If Under 24 Hr hs Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, K)				ITIZEN OF
done during most of working life, even if retired)		BALTO	Md "	VHAT COUNTRY?
FICUSEWISE 3. FATHERS NAME		14. MOTHER'S MAIDEN NAM		
Alaland An	a-Tarl	LizziA	Acart	1
5. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	Armstea	ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of se	security No.	TI R. la	512. R 1	1- 1
110 2/100 0 1 0 1 0 1	CAUSE O	JI Durley	2630 0011	e Hve.
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A)	cute myoc	MADIA TIA	notion 10da
(This daes nat meon the made of dying, heart failure, asthenia, etc. It means the di	0.9.,			
injury or complication which caused death.		N= ===================================	BOTERINE	11 15
ANTECEDENT CAUSES	(B) DUE TO	PENTENSIVE TIC CAMPIO-	11 47 6 - 1 0:	ER- 10-13 91
DISEASES OR CONDITIONS, if any,	giving	TIC CHIOVIO	O 113 Carcan 11	2010
rise to the above cause (A) stating UNDERLYING CONDITION last.	g ine (C)	***************************************		
_ 11	Dignite	Mellitus		22415
OTHER SIGNIFICANT CONDITIONS CONTRI	TO THE RIGHT	Mellitus Ra A-K Ampuh	HON (GANGARIA	e) (month
DISEASE OR CONDITION CAUSING IT.	pulmon	AMY EDEMIA	20B. IF YES, WERE FINDIN	Foun
WAS PERFORME			IN CERTIFYING CAUSES O	
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in Boltimore City,	give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	mice bidg., INJURT OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hou	1 21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
APPROX.)	While At Not Whi			
22. I certify that 🗫 this hospital) atter			11. 1 7	10 (-
that (we) last saw the deceased ally	—) 1		in (aur) apinian d	
and haur and from the causes stated abo			: In temps (dur) apinian a	earn accurred an the a
23A. SIGNATURE	(we) (did) (did)	view the bady after death.	23 B. C	ATE SIGNED
I do a		ending Med. S	toff 🕝	-7-66
23C. PHYSICIAN'S	Phy	23D. ADDRESS	hys. L	2-60
NAME (Type)	M.D.			
24A. BURIAL CREMATION, 24B. DATE	24C, NAME of CEMETERY of CR	EMATORY 24D. LO	CATION (City, tow	n, or county) (State)
REMOVAL (Specify)	0.7	/ P	11	k. J
25A. DATE REC'D BY HEALTH DEPT. 25B, N		2SC FUNERAL DIRECTOR	A de.	ADDRESS
EFR 7 1966 Coles 5 8	AME OF REGISTRAL		D. STT 12.	1
VS 150-REV. 1/1/65		MORTONE	ugev 1/6	MAUKENS

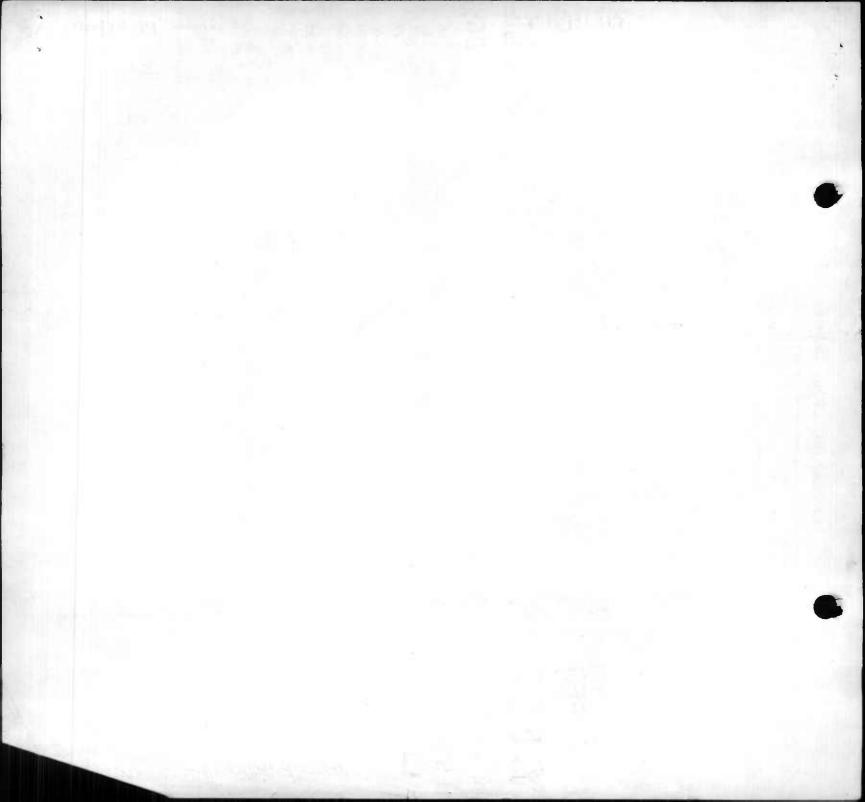


	BALTIMORE CIT	Y HEALTH DEPARTMENT	ce proca
BIRTH NO. M.E. CASE NO. 66 01254	CERTIFICA		66 01264
1. NAME OF DECEASED (Type or Print) LILLE MAE !	CLOWERS	FEB. 4, 1966	2 /
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	2000 210	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	. ,,
FULL NAME OF (If not in hospital or institut	ion, give street	MD BALTO	
HOSPITAL OR INSTITUTION SINAL Ho	50.50	C. CITY OR TOWN (If outside city limits, write BALTAMORE CO	
1 4		D. STREET ADDRESS (If rurol, give location)	1
BAUTO.	M9.		~ BLUD
6. RACE WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify)	MAY 12, 1910 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KINI done during most of working life, a facility if retired)	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country) NORTH CAROLINA	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	70110	14. MOTHER'S MAIDEN NAME	
JULIUS PUSE		OLLIE PAR	F1. N.C.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	JECOKIII IIO.	Willie Flowers 1107 Bo	naparte Ave.
18. 13 3.31	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ASPIRATION PNEUMON	5.1412
(This does not mean the mode of dying,		ASPIRALION	
heart failure, asthenia, etc. It means the dise injury ar camplication which coused death.)		26.110 10 10 10 10 10 10 10 10 10 10 10 10	2 MONTHS
ANTECEDENT CAUSES	(B) DUE TO	RCINOMATOSIS	
DISEASES OR CONDITIONS, if any, girnse la lhe abave couse (A) sloling		A OF SIGMOID	HORE THAN 2 MONTHS
UNDERLYING CONDITION last.	(0)		
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION .		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g.,		ore City, give exact location)
DEATH (notify medical examiner)	etc.)	Since stays, INSOKT SCOK.	The same of the sa
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	En
(APPROX)	While At Not Wh		
22. I certify that (Withis hospital) attend			FEBRUARY 419 66
that (We) last sow the deceased allve and hour and from the couses stated above	on FEBRUARY	4 19 4 (e ond that in (my) (our) o	oinlon death occurred on the do
	e. (M) (We) (did) (did not)	view the body ofter deoth.	
23A. SIGNATURE	LA D M.D. AI	tending Med. Stoff	23 B. DATE SIGNED
23C. PHYSICIAN'S		ys. Director Phys.	FeB 4, 194
NAME (Type)	IFULL MO	C 11 2	
24A. AUBIAL CREMATION, 24B. DATE , 24	C. NAME OF CEMETERY OF C		City, town, or county) (State)
	1 +	7.0	- 17, Istill, or country) (Stote)
REMOVAL (Specify)	Kingles II	1 101	11/1
STUBSES 2/1/166	Sinslan C	EM. HUNERAL DIRECTOR	N. C.



	BALTIMORE CITY	HEALTH DEPARTMENT	
	BIRTH NO. 66 01265 CERTIFICA	TE OF DEATH Registered No.	66 01285
	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	ť
	(Type or Print) KARL JOSEPH WITTELS!	BERGER JANUARY 30	,1966 5:30 A.M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUNTY	10 51
	FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION / CONTROL OF THE POOR	C. CITY OR TOWN (If outside city limits, write I	RURAL ond give township)
	LITTLE SISTERS OF THE		
	1) 1200 VALLEY ST. BALTIMORE, MARYLAND 21202		==-
de	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED		If Under 1 Yr If Under 24 Hrs.
is made	MALE WHITE WIDOWED. DIVORCED (specify) 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY)	SEPT. 7 1872	Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
9	MACHINE WORKER	GERMANY	GERMANY
100	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
disposition	WILLIAM PETER WITTELSBERGER	ANNA MARIE DAUER	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	ANNA MARIE BAUER 17. INFORMANT 2 LITTLE SISTERS OF THEROOF	1200 VALLEY ST.
fina	No 214-03-425.	3 LITTLE DISTERS OF THETOOK	BALT., MP, 21202
0	7221/	0	ONSET AND DEATH
6	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Nulmanony edin	us.
baimed	(This does not meon the made at dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	Pulmonony eden Elevone Q-S.C.V.	
пр	injury at complication which caused death.)	twoming Q-S, C.V.	
E e H	DUE TO		
are	DISEASES OR CONDITIONS, il any, giving rise la lhe obave cause (A) slaling lhe (C)		•••••••••••••••••••••••••••••••••••••••
ins	UNDERLYING CONDITION Iosi.		
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
the	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA	
before	U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID (If in Boltimore	e City, give exact location)
bef	OR CONTRIBUTING CAUSE OF home, form, foctory, street, or DEATH (notify medical examiner)	inice bidg., INJURI OCCUR:	
	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not Whi	21 F. HOW DID INJURY OCCUR?	
brained	(APPROX.) While At Work Not Whi		
opt	22. I certify that (I) (this hospital) attended the deceased from	196.5 10	tou 30 1966.
pe	that (I) (we) lost sow the deceased alive on fau 3	0 1966 and that In(my) (our) opi	nion death occurred on the date
151	ond hour and from the couses stated above. (1) (We) (did) (did not)	view the body ofter deoth.	DATE COLUMN
must	23A. SIGNATURE	ending Med. Stoff	2 3, 66
Val	23C. PHYSICIAN'S	23D. ADDRESS 7	6,0,00
approval	NAME (Type) STANLEY A NKIDAS M.D.	1402 W. Baltimere of	
	24A. BURIAL CREMATION. 24B. DATE 24C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION (C	ity, town, or county)
en	Quival 2/5/66 moreland	nem. (Ballo.	
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C EUNERAL DIRECTOR	co V

24A. BURIAL CREMATION. 24B.
REMOVAL (Specily) UNHO DATE NAME of CEMETERY (City, town, or county) 2/5 TH DEPT. 25B. NAME OF REGISERAR FUNERAL DIRECTOR VS 150-REV. 1/1/65



written approval must be obtained before the remains are embalmed or final disposition is made.

REC'D BY HEAL

VS 150-REV. 1/1/65

TH DEPT.

		BALTIMORE CITY	HEALTH DEPARTMENT		WO 01400	
BIRTH	INO. 66 01266	CERTIFICA	TE OF DEATH	Registered No.	GG 01266	
	CASE NO.			D HOUR OF DEATH		
(Туре	or Print) W/nHS Rober	A A	2/6/	16 12 30	P M.	
3. PL	ACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admission)	
H	JLL NAME OF ((f not in hospital or institution) STITUTION	tion, give street	C. CITY OR TOWN (If outside city limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location)			
30,	V. + 11. 1.	T. 0				
16	Iniversity Hospi	Citte	2521 Ma	d150N A	Pose	
5, SE		RIED, NEVER MARRIED DWED, DIVORCED (specify)		9. AGE ((n years lost birthday)	If Under 1 Yr. (f Under 24 Hrs. Months Days Hours Min.	
	USUAL OCCUPATION (Give kind of work 10B, KIN during most of working file, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stofe or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
done	anemplassed		Balto		USA	
13. F	ATHERS NAME		14. MOTHER'S MAIDEN NAM	ME	,	
	JACOB WATES		Henrita	to John	SON	
	as Deceased Ever in U. S. Armed Faices? no orunknown) (If yes, give war or dates at serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	,	ADDRESS	
2	geb	218-03-1399	JOSEPHINE	· Watts	same.	
1	B. 331X1	CAUSE O		13	INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(4)	Conchred	VASCULAR	2/2-2/6	
	(This does not mean the made at dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO	Accident	V. / 1.5/		
	injury or complication which coused death.)	(8)				
	ANTECEDENT CAUSES	DUE TO		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	DISEASES OR CONDITIONS, if any, git is any, git is any, git is a stating the course (A) stating					
	UNDERLYING CONDITION last.				120000	
E	OTHER SIGNIFICANT CONDITIONS CONTRIBITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
100		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE I	INDINGS CONSIDERED JSES OF DEATH?	
1	PIA ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218, PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)		((f in Boltimore	City, give exact (acotion)	
0 2	PID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
>	APPROX.)	While At Not White At Work	· 🗆 ,			
2	22. I certify that (this hospital) attend	1	15/6/2 1	19 ta 3/6	10/2 19	
	hot (1) (we) last sow the deceased alive		1		nian deoth accurred on the dote	
	and hour and from the couses stated above	re. (1) (We) (did) (did not) v				
2	3A. SIGNATURE				23 B. DATE SIGNED	
	P.P. Toskus MD	M.D. Atte	mding Med. Director	Stoff Phys.	2/6/66	
2	3C, PHYSICIAN'S NAME (Type)		23D. ADDRESS			
	PA. Toskes	M.D.	MAIN. 40	15/10	the second	
24A.	BURIAL CREMATION, 248. DATE 24 REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE	MATORY 24D, LC	OCATION (C)	ty, town, or county) (Sto	
25A.	DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25G. FUNERAL DIRECTOR	rhules.	ADD	
	FFR 7 1000 A a	0 7 0	259. FUNERAL DIRECTOR	100	415	

FREGISTRAR GALLENNIN

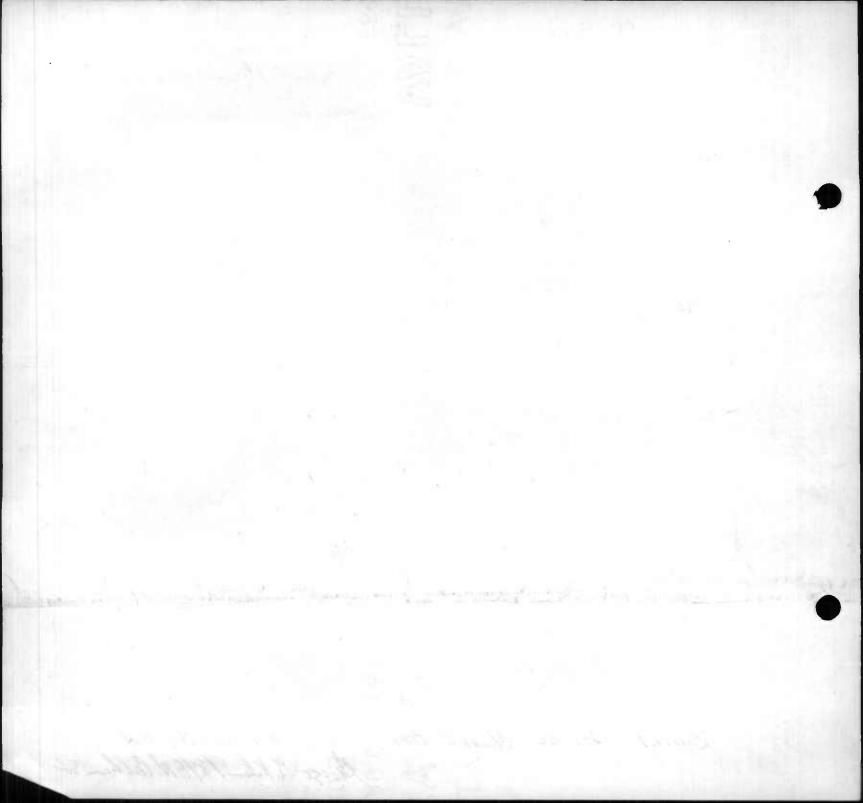
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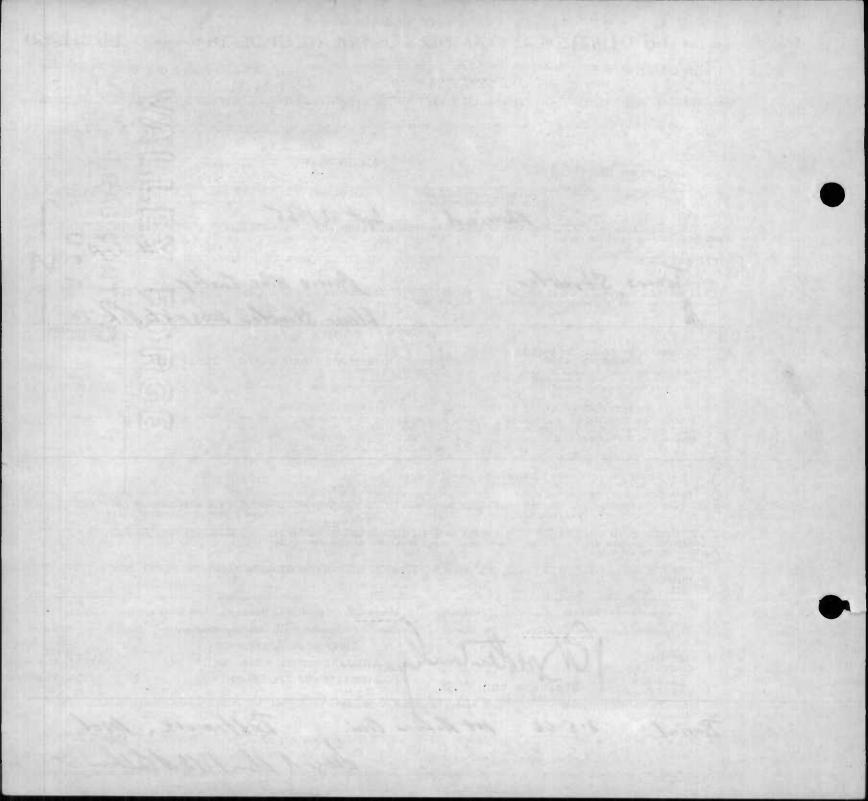
BIRT		BALTIMORE CITY	Y HEALTH DEPARTMENT		66 01268
	H NO. 66 0126	8 CERTIFICA	TE OF DEATH	Registered No.	00 01500
1, N	AME OF DECEASED		2. DATE A	NO HOUR OF DEATH	
тур	THELMA CO	MARYLAND HOUSTON	2	11/66	nstitution: residence before admission
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		MARTLAND	A. STATE B. COU	ere déceased lived. If i NTY	1 .
F	ULL NAME OF (If not in hospit	al ar institution, give street	mo.		16-07
INSTITUTION		C. CITY OR TOWN (IF O	utside city limits, write	KUKAL and give fawnship)	
38 UNIVERSITY OF MARYLAND HOSP.		D. STREET ADDRESS (If rural, give location) 3305 BRIGHTON ST.			
					S
		ork 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
ne	during most of working life, even if retired	11)	WA.		V5A
3. [FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	0277
	WALTER PLEF	ASANT	EMMA	REOMONE),
5. V	Nas Deceased Ever in U. S. Armed I	Forces? 16. SOCIAL	17. INFORMANT		ADDRESS
162	No	otes of service) SECURITY NO.	HUSBAND		5AML=
	18. 24. 10 X	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION I	DIRECTLY			ONSET AND DEATH
	LEADING TO DEAT (This does not mean the made	H (A) M)	TRAL STEN	10515	lox Symptom
	hearl failure, asthenia, etc. It mea injury ar camplication which caus ANTECEDENT CAUS DISEASES OR CONDITIONS, it rise to the above cause (AUNDERLYING CONDITION last.	ed death.) ES (8) P/+ DUE TO	FUMMATIC HER		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
		ONDITION FOR WHICH OPERATION ERFORMED	20A. AUTOPSY? (Yes or N	O 20B. IF YES, WERE	FINIDINGS CONSIDERED
ERTIFIC	JNA	NA	yes	IN CERTIFIENG CA	AUSES OF DEATH?
_	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		in or about 21 C. WHERE DID		re City, give exact locokon)
DICAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.)	in or obout 21C. WHERE DID affice bldg., INJURY OCCUR?	(If in Battima	AUSES OF DEATH?
MEDICAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year OF INJURY (APPROX.)	218. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.)	in or obout 21C. WHERE DID affice bldg., INJURY OCCUR?	(If in Battima	re City, give exact locokon)
MEDICAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year OF INJURY (APPROX.)	218. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.) 219. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.) 219. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.)	in or obout 21 C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID IN RIGHT DISTRIBUTION OF THE PROPERTY O	JURY OCCUR?	re City, give exact locokon)
MEDICAL	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Manth) (Day) (Year OF INJURY (APPROX.) 22. I certify tha (I) this haspithat (I) (we) last saw the decean	218. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.) 219. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.) 219. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.)	in or obout 21 C. WHERE DID affice bldg., INJURY OCCUR? 21 F. HOW DID IN N A 19 66 and t	JURY OCCUR?	re City, give exact locokon)
MEDICAL	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Manth) (Day) (Year OF INJURY (APPROX.) 22. I certify tha (I) this haspithat (I) (we) last saw the decean	218. PLACE OF INJURY (e.g., home, farm, foctory, street, of etc.) 219. (Hour) 21E. INJURY OCCURRED White At Work At Work tal) attended the deceased fram seed alive an tated abave (1) (We) (did) (did not)	in or obout 21 C. WHERE DID affice bldg., INJURY OCCUR? 21 F. HOW DID IN 19 66 and to the wiew the bady after death.	JURY OCCUR?	re City, give exact locokon)
MEDICAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year OF INJURY (APPROX.) 22. I certify that (I) this haspithat (I) twe) last saw the deceand hour and from the causes s	218. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.) 219. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, foctory, street, cetc.)	in or obout 21 C. WHERE DID affice bldg., INJURY OCCUR? 21 F. HOW DID IN N A 19 66 and t	JURY OCCUR?	auses of DEATH? Te City, give exact locokon) 19 inian death accurred an the do
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MEDICAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year OF INJURY (APPROX.) 22. I certify that (II) this haspithat (II) (we) last saw the decease ond haur and from the causes see 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	218. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, foctory, street, cetc.) 318. PLACE OF INJURY (e.g., home, foctory, street, cetc.) 318. PLACE OF INJURY (e.g., home, foctory, street, cetc.) 318. PLACE OF INJURY (e.g., home, foctory, street, cetc.) 318. PLACE OF INJURY (e.g., home, foctory, street, cetc.) 318. PLACE OF INJURY (e.g., home, foctory, street, cetc.) 318. PLACE OF INJURY (e.g., home, foctory, street, cetc.) 318. PLACE OF INJURY (e.g., home, foctory, street, cetc.) 318. PLACE OF INJURY (e.g., home, foctory, street, cetc.) 318. PLACE OF INJURY (e.g., home, foctory, street, cetc.) 318. PLACE OF INJURY (e.g., home, foctory, street, cetc.) 318. PLACE OF INJURY (e.g., home, foctory, street, cetc.) 318. PLACE OF INJURY (e.g., home, foctory, street, cetc.) 318. PLACE OF INJURY (e.g., home, foctory, street, cetc.) 318. PLACE OF INJURY (e.g., home, foctory, street, cetc.) 318. PLACE OF INJURY (e.g., home, foctory, street, cetc.) 318. PLACE OF INJURY OCCURRED 318. PLACE	in or obout 21 C. WHERE DID affice bldg., INJURY OCCUR? 21 F. HOW DID IN N H 19 66 and t view the body after death. Lending Med. Director 23 D. ADDRESS Viewerssity	JURY OCCUR? 19 66 to hot in (my) (aur) ap Stall Phys. Haspert	auses Of DEATH? Te City, give exact locokon) 19 6 6 Inian death accurred an the da
MEDICAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Manth) (Day) (Year OF INJURY (APPROX.) 22. I certify that (I) this haspithat (II) twe) lost saw the deceand hour and from the causes see 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	218. PLACE OF INJURY (e.g., home, farm, foctory, street, of etc.) 218. PLACE OF INJURY (e.g., home, farm, foctory, street, of etc.) 219. (Hour) 21E. INJURY OCCURRED White At Work At Work (tal) attended the deceased fram tated abave (1) (We) (did) (did not) M.D. Att M.D. Att M.D. Att M.D. Att	in or obout 21 C. WHERE DID affice bldg., INJURY OCCUR? 21 F. HOW DID IN N H 19 66 and t view the body after death. Lending Med. Director 23 D. ADDRESS Viewerssity	JURY OCCUR? 19 66 to hot in (my) (aur) ap Stall Phys. Haspert	auses of DEATH? The City, give exact locokon) 19 6 6 Initial death accurred on the document of the document

VS 150-REV, 1/1/65



RAITIMORE	CITY	HEALTH	DEPA	PTMENT

	\$5-24200 BALTIMORE CITY HEA					
	H NO. 66 U126MEDICAL EXAMINER'S C	CERTIFICAT	TE OF D	EATH Register	ed No. 66 1112	255)
	AME OF DECEASED or Print) MICHAEL STREATER			1, 1966	3:00 P	
FUL	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	A. STATE Mar	yland	eceosed lived. If instit B. COUN	27-1	s sion)
INS	Lutheran Hospital	D. STREET ADDI	timore RESS (If rurol, g	ive locotion)		
5. S		B. DATE OF BIRTI)5 Garris	9. AGE (In years	If Under 1 Yr. If Under 24	Hrs.
LOA	male negro USUAL OCCUPATION (Give kind of work) OR KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work) OR KIND OR KI	Sept ST /	1965 State or foreign	lost birthdoy)	Months, Doys, Hours A 4 12. CITIZEN OF WHAT COUNTRY?	Ain.
13.1	ATHER'S NAME	-	14. MOTHER'S MAIDEN NAME			
	VAS DECEASED EVER IN U.S. ARMED FORCES? In or unknown I (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	e Mac	Lurley 2003 Me	ADDRESS	
	No	Elenor	Strente	2003 Me	lollah st	
ATION	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)			nt otitis m		
CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	20A AUTOPSY	? (Yes or No.) 20	R 1F YFS WERE FIN	DINGS CONSIDERED	
CE	WAS PERFORMED	yes	II.	CERTIFYING CAUSI	es of DEATH?	
MEDICA	21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21 B. PLACE OF INJURY le.g., home, form, foctory, street, etc.)	, in or about 21 C. V office bldg., INJURY	VHERE DID (If	in Boltimore City, giv	e exact location)	
	m. WORK LAT V	WHILE WORK	ANTINI DIO MO	Y OCCUR?		
	22. I certify that I held an Inquiry Inspection Autopsy X and that an this basis, death in my opinion					
	ACTUAL SIGNATURE Resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER DATE SIGNED					
	EXAMINER'S R. Breitenecker, M.D.	ASSOCIATE M			212 2-2-	66
	BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY ADVAL (Specify) 3-5-66 MY Authorized 24B. NAME OF REGISTRAR 1966 EB 7 1966 24B. NAME OF REGISTRAR	lem.	Bal Director	CATION (City, If IMO 1 C	ADDRESS	e)
VS	151-REV. 1/1/65	0 1 5	/ 13			1



Such

BALTIMO	DRE CITY HEALTH DEPARTMENT					
BIRTH NO. 68 (11270) CERTI	FICATE OF DEATH Registered No. 66 01270					
M.E. CASE NO.	2 DATE AND HOUR OF DEATH					
(Type or Print) LEAH FITZHU	16-H 2.3.66 12.30 PM					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, It institution; residence before admission					
	A. STATE B. COUNTY 15-BL					
FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If autside city limits, write RURAL and give township)					
INSTITUTION	Ballimare					
16 L eitheran Harp.	D. STREET ADDRESS (If rutal, give location)					
40	1711 B Cooming dale Rel.					
5. SEX 6. RACE 7. MARRIED, NEVER MARRIE						
F C WIDOWED, DIYORCED (SP	ecify) 1.29.75 lost birthdoy! Month's Doys Hours Min,					
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IT	NDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
done during most of working life, even if retired)	Md. WHAT COUNTRY?					
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME					
(1) 1/4						
William Hawkin	Lucille Leach					
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, na ar unknown) (If yes, give war ar dates of service) SECURITY N	d. ADDRESS					
NU 250-12-8	160 James M. Fitzhugh 1804 Garrison					
18,2 / 5 X	AUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY						
LEADING TO DEATH	Pulmonary infarction					
	£ 10 '					
injury or complication which caused death.)						
ANTECEDENT CAUSES (B)	E TO					
DISEASES OR CONDITIONS, if ony, giving						
rise to the above cause (A) stoling the (C) UNDERLYING CONDITION last.	NOT THE REPORT OF THE PARTY OF					
11						
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	ON 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
OR CONTRIBUTING CAUSE OF	JRY (e.g., in ar about 21 C. WHERE DID street, affice bldg., INJURY OCCUR?					
DEATH (notify medical examiner) etc.)						
Q 21D, TIME (Month) (Dov) (Year) (Hour) 21E INJURY OCCU	RRED 21F. HOW DID INJURY OCCUR?					
≥	Not While At Work					
No. of the second secon	22. I certify that (I) (this hospital) attended the deceased from 2 3 19 66 to 3 19 66					
that (1) (we) last saw the deceased alive an						
and hour and from the causes stated above. (I) (We) (did) (d	id not) view the body after death.					
The Colon of the C	M.D. Attending Med. Stott 7					
	Phys. Director Phys. 2					
23C. PHYSICIAN'S NAME (Type) Fachil Abbousy	230. ADDRESS					

Fadhil

CREMATORY

24D. LOCATION

(State)

BURIAL CREMATION, REMOVAL (Specify)

25B. NAME OF REGISTRAR

ADDRESS ERAL DIRECTOR

D

1966 VS 150-REV. 1/1/65

DEP

Mich. W. S. Fr. Burni 1:1 4 B. H. R. T. Com Batteries 100 they I the 19th of all all

a hospital and

	BALTIMORE CITY	Y HEALTH DEPARTMENT	00 01071
BIRTH NO. 66 U1271	CERTIFICA	ATE OF DEATH Registe	red No. 66 01271
1. NAME OF DECEASED (Type or Print) William Young		2. DATE AND HOUR OF	
		Jan. 30, 19	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased I	ived. It institution: residence before
FULL NAME OF (If not in hospital or institution,	give street	Md.	15.
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside city limi	ts, write RURAL and give township)
Provident Hospital		Baltimore D. STREET ADDRESS (If rurola give loc	
51		1601 Gilmor St.	(Office)
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In y	eors If Under 1 Yr. , If Und
	D, DIVORCED (specify)	lost birthdov)	Manths Days Hours
10A, USUAL OCCUPATION (Give kind of work 10 B, KIND O	arried	2-25-1909 57	12. CITIZEN OF
done during most of working life, even if retired)	DOSINESS ON INDUSTRI	The section of the or the section country)	WHAT COUNTRY?
Sparrows Point		S.C.	U.S.A.
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	
George Young	Ď.	Maggie Parker	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL SEURITE NO.	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service)	BURIT NO.	William Young 160	l Gilmor St.
18. 4/ 2/ 3/ 1	Z Z	DF DEATH	INTERVAL BETY
DISEASE OR CONDITION DIRECTLY	§ 13	1 2 2 2 2	ONSET AND D
LEADING TO DEATH	APPROVED OUT OF THE WAR	peatensive c	00 010-
(This does not meen the mode of dying, e.g.	, 文 海岭	position of the contract of th	
heart failure, asthenia, etc. It means the disease injury or camplication which coused death.)	Z / /2 Z	vascular disc	asc over
ANTECEDENT CAUSES	ECh	RUNGE CONGEST	ive years
DISEASES OR CONDITIONS, if any, giving	FICATION OF THE PROPERTY OF TH	vascular disc rovic congest cardiac fails	ec)
rise to the above cause (A) stating the	50	•	
UNDERLYING CONDITION lost,	E		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	3 0		15
E TO THE DEATH BUT NOT RELATED TO THE			
U 19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YE	S, WERE FINDINGS CONSIDERED
WAS PERFORMED		N D IN CERTIF	YING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21.	B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (II in office bldg., INJURY OCCUR?	Boltimore City, give exact location
DEATH (notify medical examiner)		Silve Siage, Heroki Occor:	
	E INJURY OCCURRED	21F. HOW DID INJURY OCCUR	?
OF INJURY (APPROX.)	hile At Not Whi		
1	ork		6 + 5.3
22. I certify that (I) (this hespital) attended	1		Sept 23 1
that (1) (we) los saw the deceased alive on.	•	19 6 4 ond that in (my) +	our) opinion death occurred or
ond hour and from the couses stated above.	(l) (We) (did) (dld not)	view the body ofter death. (~)	othor 300
23A. SIGNATURE			238, DATE SIGNED
1 noune	M.D. Att	ys. RAYNER BROY	WNE, M. D 2 . 3 - 6
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS 1500 EAST MAI	DECOME OF
The state of the s	M.D.	RAI TYMOR	DE ON ST
	AME of CEMETERY of CR	REMATORY 24D. LOCATION	D. 21205 or county)
REMOVAL (Specily)	mbashasa Cam		
	rbutus Cem.	Balto. N	ADDRESS
great great group. Thus	0 %	Alexand Ill	1348 N. C.O.L.
FEB 7 1988 AS A A	[] I. O	Dunce M. pun	- la calter

Burial 2-5-66 Arbutus 258. NAME OF REGISTRAR Cem. 1988 VS 150-REV. 1/1/65

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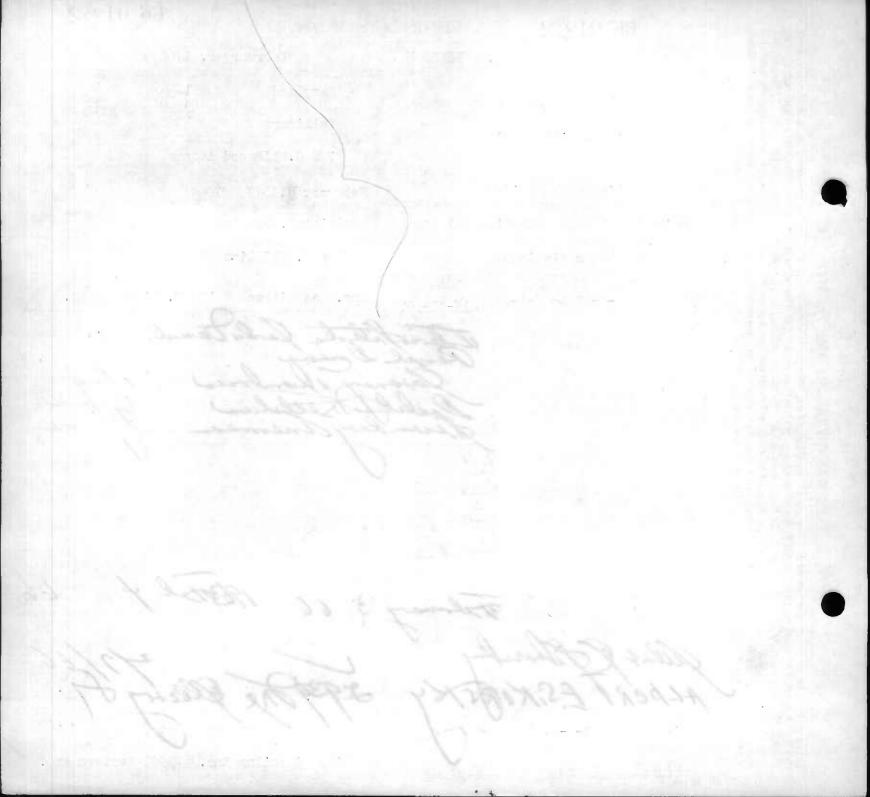
VS 150-REV. 1/1/65

of death

a hospital and

тур	AME OF DECEASED e or Print) CHA	RLES A. MISKIMON	February 4, 1966	1
FI H	LACE OF DEATH IN BALTIMORE, M. ULL NAME OF (If not in hospito ODSPITAL OR oddress or locofi STITUTION	or institution, give street	A. STATE Maryland C. CITY OR TOWN (If outside city limits, write RURA	
3	Baltimore Cit;	y Hospital	Baltimore D. STREET ADDRESS (If rurol, give location) 708 S. Linwood Avenue	
10A.	ale White	7. MARRIED, NEVER MARRIED WIPOWED, DIVORCED (specily) Widowed **10B. KIND OF BUSINESS OR INDUSTR' Continental Can	February 10, 1895 70	Under 1 Yr. If Unonths Doys Hours CITIZEN OF WHAT COUNTRY
	Thomas Mi		14. MOTHER'S MAIDEN NAME Ida M. Phillips	
(Yes,	Vas Deceased Ever in U. S. Armed Fr., no orunknown) (If yes, give wor or do Yes 11-6-17 to	es of service) SECURITY NO.	Mrs. Mae Citrano 708 S. Li	ADDRESS Inwood Ave
ATION	ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL	ony, giving stating the CONTRIBUTING	Lary Enerve	3 year
IFICAT	DISEASE OR CONDITION CAUSING	IT. NDITION FOR WHICH OPERATION REFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FIND IN CERTIFYING CAUSES in or obout 21 C. WHERE DID (II in Boltimore City) liftice bldg., INJURY OCCUR?	INGS CONSIDERED OF DEATH? y, give exact location
-	DEFTITE (HOM) MEGICOI EXCITITED		21F. HOW DID INJURY OCCUR?	
MEDICAL	21D. TIME (Month) (Doy) (Yeor OF INJURY (APPROX.)	(Hour) 21 E. INJURY OCCURRED While At		/
MEDICAL	OF INJURY (APPROX.) 22. 1 certify that (1) (this haspite that (1) (we) last sow the decease	While At Not When the deceased from the deceased	ond that in (my) (our) opinion view the body after death. Stoll Phys.	death occurred of

Lilly & Zeiler Inc.



if death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased ance ō attend 0 prior regular made deceased isposition = SID the IMPORTANT no death ance any pronounced 10 attend embalmed fracture of FUNERAL DIRECTOR: 5 regul who Gre 4 <u>ෆ</u> physician before the remains MOS burns; physician Body the 0 to the hospital by where °Z An accident of any nature; 9 (except and leath); hospital the body was released Ö 10 approval 0 prior at was D.O.A. shows: (1) eceased

on the h. Such

eat

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

2. DATE AND HOUR OF DEATH Joseph E. King February 4, 1966 11:30 4. USUAL RESIDENCE (Where deceased lived, If Tristitution: residence before admission)
A. STATE
B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give location) 2804 Roslyn Ave MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 9. AGE un lost birthdoy 86 Hours WIDOWED DIVORCED (specify) IDA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland U.S.A. 14. MOTHER'S MAIDEN NAME Unknown

2401 Terri Firma Rd. 215-10-1714 Wise Elmer CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pneumonia 7 days (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury at camplication which coused death.) Congestive Heart Failuire 1 yr. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving Hypertension 10 yrs. rise to the obove couse (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact tocation) DEATH (notify medical examiner) MEDIC. 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased from May 19 64 10. Feb. that (1)-(we) last saw the deceased alive on Feb. 3. 19.66 and that in(my) (our) opinion death occurred on the date

Attending Phys.

23D. ADDRESS

17. INFORMANT

2/8/66
PEB 2 BY HEALTH DEPT 2251 250 NAME OF REGISTIAR

Joshua R. Mitchell III

66 01273

oddress or location)

(If not in hospital or institution, give street

6. SOCIAL

SECURITY NO.

3. PLACE OF DEATH IN BALTIMORE MARYLAND

Luthern Hospital

6. RACE

done during most of working life, even if retired)

15. Was Deceased Ever in U. S. Armed Forces

(Yes, no or unknown) (If yes, give war or dates of service)

Custodian

Unknown

M.E. CASE NO.

FULL NAME OF

HOSPITAL OR

13. FATHER'S NAME

(Type or Print)

5. SEX

Med.

Director L

23B. DATE SIGNED

7 Feb. 66

ADDRESS

2202 Garrison Blvd. Balto., Md. 21216

Baltimore, Maryland

Charles A. Rice 661 W. Barre St

23A. SIGRATURE

23C. PHYSICIAN'S

and how and from the causes stated above. (1) (We) (did not) view the body after death.

M.D.

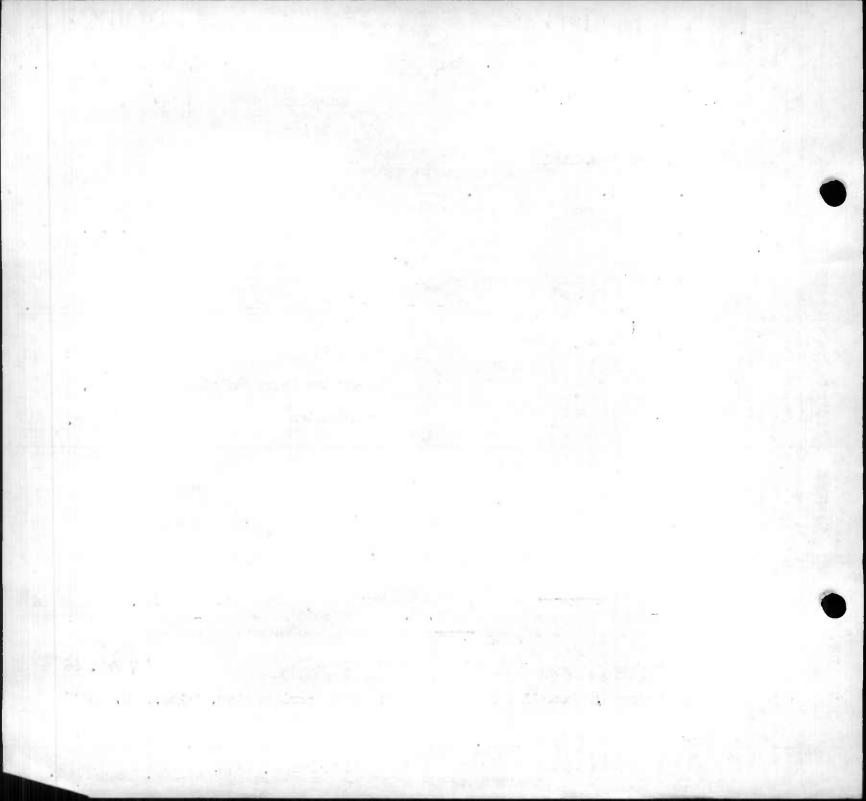
24C. NAME of CEMETERY OF CREMATORY

Mt. Auburn

VS 150-REV. 1/1/65

24A. BURIAL CREMATION, 24B. DATE

24D. LOCATION



BALTIMORE	CITY	LIEALTH	DED	ADTALENIT

66 01274

BIRTH NO. DO MEDICAL EXAMINER'S CE	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Typo or Print)	2. DATE AND HOUR PRONOUNCED DEAD
JAMES DORSEY	February 4, 1966 11:30 P M.
CFRITTE A E AMENDED	A. USUAL RESIDENCE (Whoro doceosod lived. II institution: residence before odmission B. COUNTY Maryland
HOSPITAL OR ADDRESS OR LOCATION) 2-10-66	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore
University Hospital	D. STREET ADDRESS (If rural, give location)
oniversity nospital	780 McHenry St.
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) negro	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr, If Under 24 Hrs Iost birthdoy) Months, Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Howard Lorsey	anna Broot
5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown), (If yes, give wor or dotes of servico) SECURITY NO.	17. INFORMANT ADDRESS
115-17-713	EMay Porsey 435 & Treato
IB. CAUSE	OF DEATH / INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH Arteri	osclerotic cardiovascular disease
(This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. II means tho disease, injury or complication which coused dooth.)	
injury or complication which coused dooth.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	alcoholism
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g.,	in or obout 21C, WHERE DID (If in Boltimore City, give exect location) (ffice bldg., NJURY OCCUR?
UTING CAUSE OF DEATH.	
OF INJURY	21F. HOW DID HIJURY OCCUR?
(APPROX.) WHILE AT NOT WORK AT W	WHILE ORK
22. I certify that I held on Inquiry Inspection X Aut	opsy Ond that on this bosis, death in my opinion
resulted from: Notural couses X Accident Suicide	e Homicide Undetermined monner
11/2	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MUCH LINE M.D.	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Rudiger Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER 2-5-66
23A. BURIAL CREMATION, 23B. DATE / 23C. NAME of CEMETERY o	CREMATORY 23D. LOCATION (City, town, or county) (Stoto)
REMOVAL (Specily) 2/9/66 7/1/((1))	lum Bellenn Mil

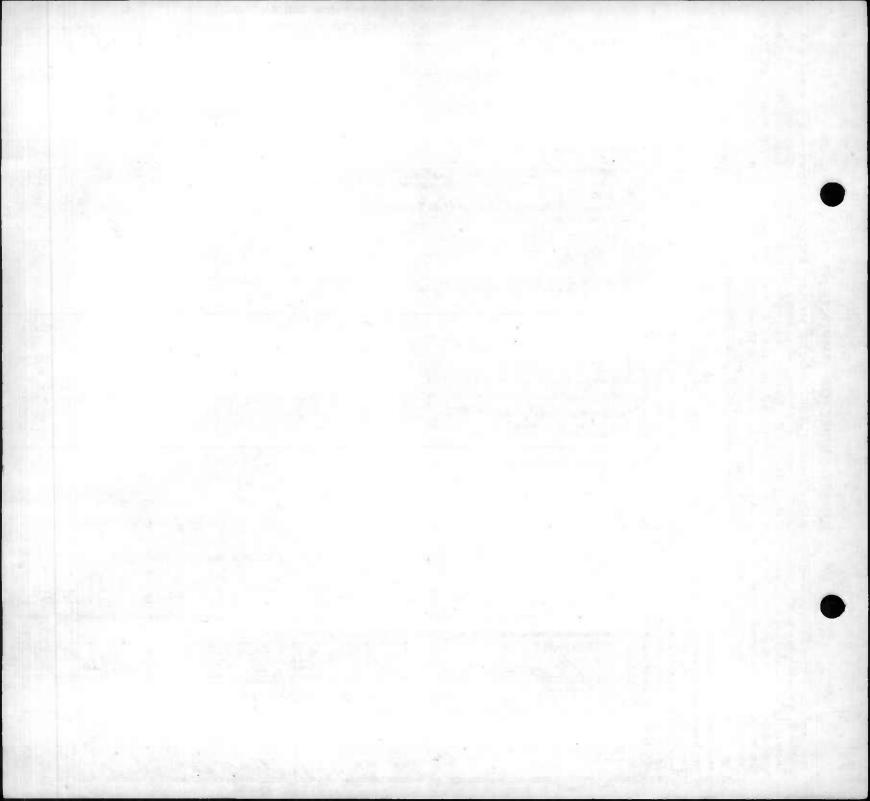
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR
FEB 7 1966 CLOSE & COLOR VS 151-REV. 1/1/65

24C. FUNERAL DIRECTOR

FUNERAL DIRECTOR: IMPORTANT

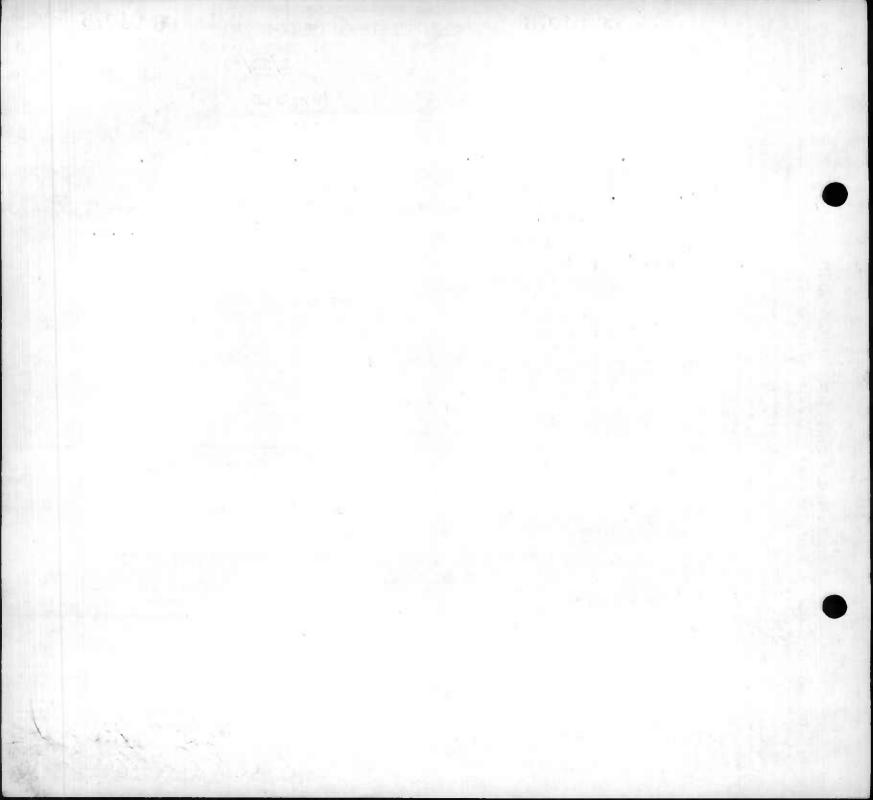
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death a shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO.	CERTIFIC/	TE OF DEATH	Registered No.	1
M.E. CASE NO.		/	HOUR OF DEATH	11275
(Type or Print)		2. 0.11	DE I IO	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived Vication	ion; residence before admission)
		A. STATE B. COUNT		A /
FULL NAME OF (If not in hospital or institution,	give street	Maryland	(1).	-01
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outs	ide city limits, write RURA	L ond give township)
X10 + 10: -	0	Ballenore		
University Hospital		D. STREET ADDRESS (If n	urol, give location)	20
		688 W. M	allery)	7.
	D. DIVORCED (specify)		AGE (In years) If	Under 1 Yr. If Under 24 Hrs.
Male Mearo MA	reced	12-13-91	14	
10A, USUAL OCCUPATION Give kind of work 10B, KIND O	F BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreig	in country) 12	CITIZEN OF
done during most of-working life, even if retired)		Manyl	and 1	WHAT COUNTRY?
Javolle	150	" in file	und 1	21
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Medical,	A. I.	
.00			cecolor	
18. / 7 7 X	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	- 1		1 -++	
(This does not mean the made of dying, e.g.	(A) Class	Locarasons	of proper	>2 gre
heart failure, asthenia, etc. It means the disease			//	
injuly at camplication which caused death.)				
ANTECEDENT CAUSES	(B)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	********************************	***************************************
DISEASES OR CONDITIONS, if any, giving				
rise In the above couse (A) sloting the UNDERLYING CONDITION last.	(C)			
ONDERCTING CONDITION last,				
Z OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS	10		,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		9 19 10		2016/01/2 2/10/10
	pypoche	20A. AUTOPSY? (Yes or No.)	mores	
198. CONDITION FOR WAS PERFORMED	WHICH PPERATION	ZOA. AUTOPST? (Tes of No.	10 B. IF YES, WERE FIND	OF DEATH?
E E E				
OR CONTRIBUTING CAUSE OF hos	B. PLACE OF INJURY (e.g., me, form, foctory, street,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City	y, give exact location)
DEATH (notify medical examiner) etc	:.)			
21D. TIME (Month) (Dov) (Year) (Hour) 211	E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
	hile At Not Wh			
(APPROX)	ork At Work			
22. I certify that (I) (this hospital) attended	the deceased from	Feb. L	966 10 Fel	-1 1966
that (I) (we) lost sow the deceased alive on.	tel-1	19 66 ond tha	t in (my) (our) opinion	death occurred on the date
and hour and from the causes stated above.				
23A. SIGNATURE	(may tala) (alla flat)	THE DOLY OTHER GOOTS.	look	, DATE SIGNED
1 11 11) M.D. At	tending Med. —	Stoff -	1.1.
Levery N. Kollibal	effe Ph	ys. Director F	Phys.	2/1/66
23C. PHYSICIAN'S		23D. ADDRESS		
BARRY N. ROSE	NBACIAS M.D.	(MILVERS 1)	MY HOSPI	TAC
24A. BURIAL CREMATION, 24B. DATE 24C.N	TAME OF CEMETERY OF CI	REMATORY 24D. LO	CATION (City, to	own, or county) (Stote)
REMOVAL (Specify)	TI Page	, 1	111	MIM
Library 1/106 /h	1 Carmer	1 121	00/6/1/1	10001
	OF REGISTRA	25C FUNERAL DIRECTOR	7 1 i	ADDRESS D ST
EFB (1900 GORENO C.	0	Charles U	: 61.co-6	6((1) · 13004
VS 150-REV. 1/1/65		0 0 7 1	1 7	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

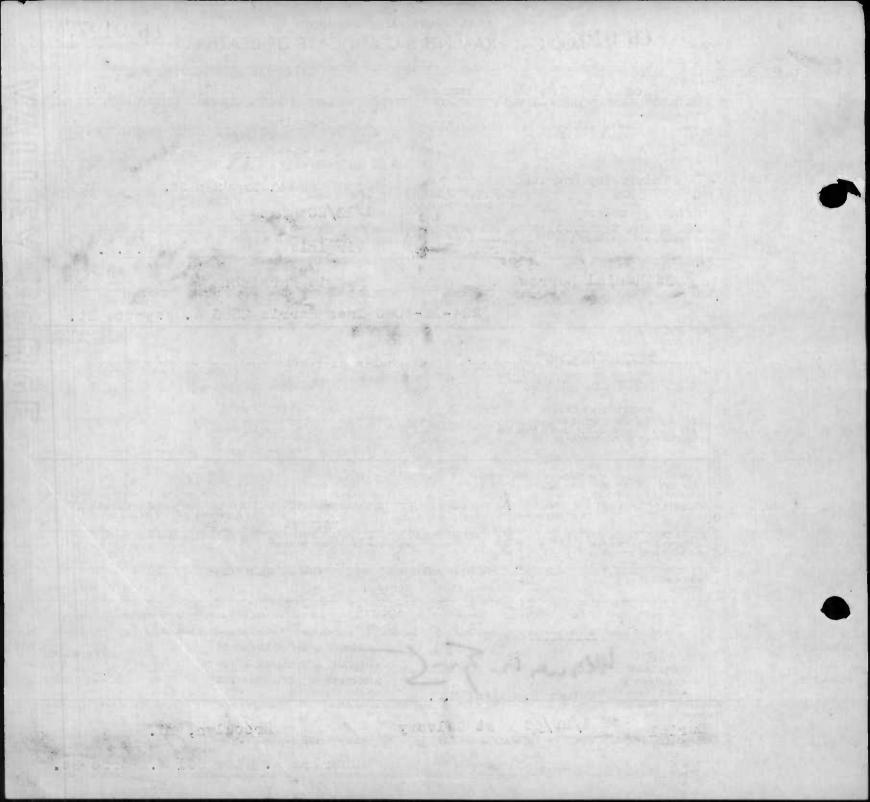
	a contraction	1949	BALTIMORE CITY	HEALTH DEPARTMENT		0.04070
BIRTI	NO. 66 0127	1)	CERTIFICA	TE OF DEATH	Registered No.	6 01276
	CASE NO.		O_I(TITTO) (AND HOUR OF DEATH	
	or Print) Louis Kin	ley			22/66	112:25 Pi M
3. PI	ACE OF DEATH IN BALTIMORE, MAR	TLAND		4. USUAL RESIDENCE (W	here deceased lived. If in	stitution: residence before admission)
F-1	III MANE OF A STATE ASSESSED.	. to a state at the con-		Marylan		-15
H	JLL NAME OF (If not in hospital or oddress or location)		ve street	C. CITY OR TOWN (II)		RURAL and give township)
11	STITUTION			Baltimo		
0	A				If rural, give location)	
1	2101 W. Cold Sp	ring L	a.	2101 W. C	old Spring	La.
5. SI	X 6. RACE 7		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	M. C.	WIDOWED,	POLYORCED (specify)	10/10/80	lost birthdoy) 85	Months Doys Hours Min.
ØÀ.	USUAL OCCUPATION (Give kind of work)	OB, KIND OF	BUSINESS OR INDUSTRY			12. CITIZEN OF
one	during most of working life, even it retired)			Monwiland		WHAT COUNTRY?
				Maryland		U.S.A.
3. F	ATHERS NAME			14. MOTHER'S MAIDEN N	AME	
	Unknown			Unknown		
5. V	as Deceased Ever in U. S. Armed Force	es?	6. SOCIAL	17. INFORMANT		ADDRESS
1 45,	no or unknown) (If yes, give wor or dotes	or setAice)	SECURITY NO.	Records		
1	B. L.L. 9 9 11		CAUSE O			INTERVAL BETWEEN
	/ OK OK 1/		CAUSE O	DEATH		ONSET AND DEATH
n.	DISEASE OR CONDITION DIRE	CILY	1	11		
	(This does not mean the made of	dying, e.g.,	DUE TO SE	ioscleratic	caralo-vasc	War
1	heart failure, asthenia, etc. It means t	lhe disease,	dise	ease		
12	injury or complication which caused o	death.)	(8)			
	ANTECEDENT CAUSES		DUE TO		\$	
	DISEASES OR CONDITIONS, if a					
	rise to the abave cause (A) : UNDERLYING CONDITION last.	slating the	(C)	**************************************	0-0-0	
+						
Z	OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING				
ATIO	TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	ED TO THE				
	9A. DATE OF OPERATION 19B. COND	ITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or	Nol 208. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	WAS PERFO	DRMED		No	IN CERTIFYING CA	USES OF DEATH?
U	21A. ACCIDENT WAS UNDERLYING	21 B. I	PLACE OF INJURY (e.g., in	or about 21C. WHERE DID	(If in Boltimore	e City, give exact location)
4	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	, form, foctory, street, or	ince plag., INJURI OCCUR!		
EDIC	21D-TIME (Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
ME	OF INJURY		e At Not While		TO TO TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO	
	(APPROX)	Work				A CONTRACTOR
	22. I certify that (1) (this hospital)	ottended the	e deceased from	12-17-	1962 to 1-2	22- 1966
	that (I) (we) lost saw the deceased				that In(mv) (our) opi	nion death occurred on the dat
	and hour and from the couses state 3A. SIGNATURE	d obove. (I)	(me) (ala) (ala not) v	new the body offer deof	n.	DATE SIGNED
	SA. SIGNATORE	n A	44 D Am	anding = Med ==	Stoff	23B. DATE SIGNED
	CK. Camtolil	el.	M.D. After	mding Med. Director	Phys.	1-24-66
	23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS		
	CR. Camphell		M.D.	1/018 W. Marth	AUG "V	alteria x/A
24A	BURIAL CREMATION, 248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D	LO CATION IC	ity, towar-occounty) AlStore
1	REMOVAL (Specify)	1	11/1/	men 1	Socall.	MI
15	Muna 120/6	6 1	rus (alle	T NO	wer copy	
25A	DATE REC'D BY HEALTH DEPTY FEB 7 1966 Pulses	NAME O	REGISTRAR	25C. FUNERAL DIRECT	08 //10	ADDRESS
	FEB 7 1966 Galent	CA done	,	y May	es all	cettle pang
VS	50-REV. 1/1/65	9 6		11071	3	



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BALTIMORE	CITY	LEALTH	DEDADT	AACLIT
DALIIMUKE		DEALID	DEPARI	WEINI

BIRTH NO. 66 11 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

SIKIH NO.	AL LAAMIITERS C	EKTIII ICATE OF DE	TITI Magistration was the same of the same	
M.E. CASE NO.				
1. NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED DEAD		
Joe Jose			1/25/66 1:05 a. _M .	
3. PLACE IN BALTIMORE, MARYLAND, WHER	E PRONOUNCED DEAD	4. USUAL RESIDENCE (Where dece	ased lived. If institution: residence belare admission B. COUNTY	
FULL NAME OF (IF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	Maryland		
HOSPITAL OR ADDRESS OR LOCATIO	(N)	C. CITY OR TOWN (If autside car	parate limits, write RURAL and give tawnship)	
N 3 I 1 O I O I		Baltimore	1/1/	
7 X		D. STREET ADDRESS (II roral, give		
University Hospit	al	630 W. Fra	unklin C+	
	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years If Under 1 Yr. If Under 24 Hrs	
male colored WI	IDOWED, DIVORCED (specify)	1/13/20	ast birthday, 47 Manths, Days, Haurs, Min.	
10A. USUAL OCCUPATION (Give kind of work 108	R KIND OF BUSINESS OF INDUST		untry) 12. CITIZEN OF	
dane during most of working life, even if retired)			WHAT COUNTRY?	
	Laborer	Virginia	U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Nathaniel Burro		Maggie Harris	on	
[15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, na arunknawn),(III yes, give war ar dates at		17. INFORMANT	ADDRESS	
Tres, no di onana was di yes, give wai di odes o	224-12-40	60 Inez Harris 2	585 W. Fayette St.	
18.	CALLS	E OF DEATH	INTERVAL BETWEEN	
	CAUS	E OF DEATH	ONSET AND DEATH	
DISEASE OR CONDITION DIREC		nosis of liver		
(This does not mean the made of dy		losis of fiver		
heart failure, asthenia, etc. It means the	disease,			
ANTECENDENT CAUSES	(8)	***************************************		
DISEASES OR CONDITIONS, IF ANY,				
UNDERLYING CONDITION LAST.	(6)			
ő	()			
S OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING			
TO THE DEATH BUT NOT RELAT	ED TO THE			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT. 194, DATE OF OPERATION 198, CONDIT		20A ALLTORSY2 (Yes as No.) 120B	IF YES, WERE FINDINGS CONSIDERED	
WAS PERFOR		IN (CERTIFYING CAUSES OF DEATH?	
₹ 21A, EXTERNAL CAUSE WAS	1010 BLACE OF INTHIBY	partial WHERE DID (III is	yes	
O UNDERLYING OR CONTRIB-	hame, farm, factory, steet,	in at about 21C. WHERE DID (If in alfice bldg., INJURY OCCUR?	edifficate City, give exact tacanan	
UTING CAUSE OF DEATH.	etc.)			
21D TIME (Manth) (Day) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY	DCCUR?	
OF INJURY (APPROX.)	m. WHILE AT NOT	WHILE		
22.				
1 certify that I held on Inqu	ulry Inspection A	artial utopsy ond that on this be	osis, death in my opinion	
resulted from: Notural cause	Suici	de 🗌 Homicide 🗌 Unda	termined monner	
	- 1-	CHIEF MEDICAL EXAM	NER -	
ACTUAL 1102	la Basal	ASSISTANT MEDICAL EXAM	DALE MINED	
SIGNATURE TO SIGNATURE	M.	ASSOCIATE MEDICAL EXAM		
EXAMINER'S NAME (Type) Werner I	J. Spitz, M.D.	ASSOCIATE MEDICAL EXAM		
23A. BURIAL CREMATION, 23B. DATE	23C. NAME OF CEMETERY	or CREMATORY 23D. LOCA	TION (City, town, or county) (State)	
REMOVAL (Specify) Burial 1/29/6	6 34 0-3			
			oklyn, Md.	
	4B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS	
	E. Farlumi	Charles A. Ri	ice 661 W. Barre St.	
VS 151-REV. 1/1/65	96660	0 1 2 ? 6 -		



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) DAVID L. SMITH February 5, 1966 3:01 Am. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PROND UNDED TOTALD TE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland C. CITY OR TOWN (If autside carporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION 2-10-66 Baltimore D. STREET ADDRESS (If rural, give location) 5100 Falls Road near Elmwood Rd. 4404 Colmar Gardens Dr. Apt. H 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH WIDOWED, DIVORCED(specify) lost birthday Months, Doys, Hours, Min. 29 male white IOA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dana-during most of warking life, even if retired) 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAM Lawrence ther Lindh Smith acoust feet or 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no ar unknown), (If yes, give war ar dates of service) SECURITY NO. LawrenceS mith (Father, 003-2683074 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Conflagration and multiple traumatic injuries (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THEAcute Alcoholism DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? yes 21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimore City, give exact location) hame, lorm, factory, street, office bldg., INJURY OCCUR? UTING CAUSE OF DEATH. street 5100 Falls Road near Elmwood Rd. 21D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) OF INJURY NOT WHILE X Auto-auto accident (APPROX.) 2-5-66 m. WORK 22. Autopsy X I certify that I held an Inquiry Inspection and that on this bosis, death in my opinion Xccident X Suicide Homicide Undetermined monner resulted from: Notyral courses CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.B. ASSISTANT MEDICAL EXAMINER X SIGNATURE ASSOCIATE MEDICAL EXAMINER 2-5-66 EXAMINER'S Rudiger Breitenecker, M.D. NAME (Type) 23A. BURIAL CREMATION 23B. DATI 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, wm, or county) REMOVAL (Specify)

23D. LOCATION (City wn, or county) (Stote)

Livooln

ECTOR

ADDRES

248 NAME OF REGISTRAR SIGO CONTRACTUNERAL DIRECTOR

Witzke F.D. 4101 Edmondson Ave

VS 151-REV. 1/1/65

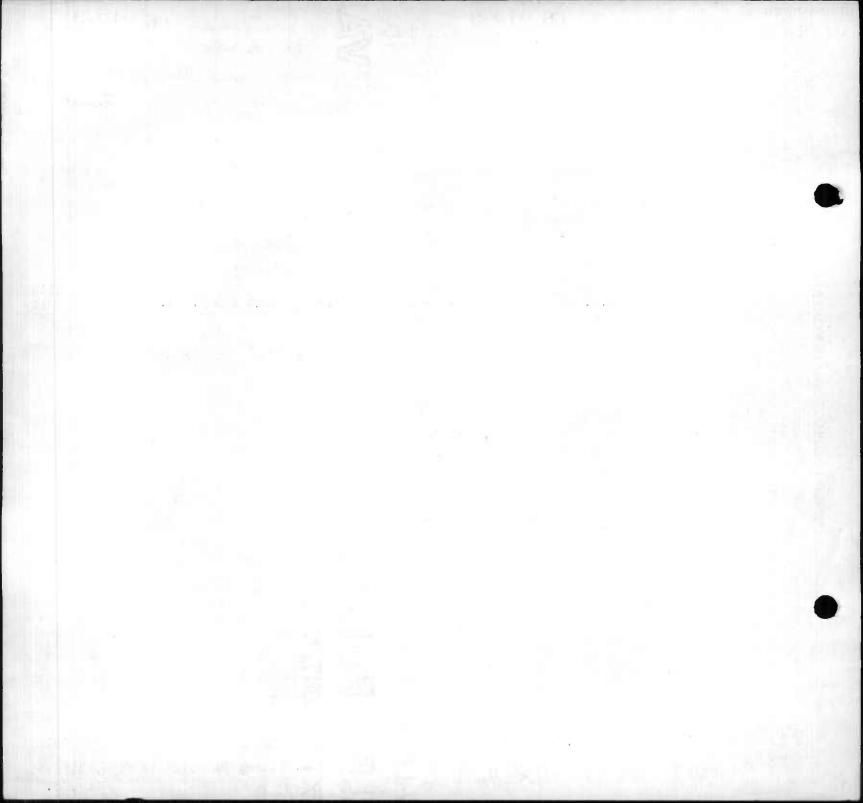
Camound

24A. DATE REC'D BY HEALTH DEPT.

Letter from M.E.'s office 2-10-66 M.H.

Letter from Robert W. MacKay, Funeral

Director, Main St. North Woodstock, New Hampshire 2-16-66 M.H.



Deceased of death

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Vay 3. PLACE OF DEATH IN BALTMORE, 4. USUAL RESIDENCE (Where deceased Wed. finstitution; residence before A STATE FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddiess or location) city limits, write RURAL and give township) 0 7. MARRIED, NEVER MARRIED 9. AGE (In If Under 1 Yr. If Un Months: Doys Hours If Under 24 Hrs. Hours Min. WIDOWED, DIVORCED (specify) 0 OF BUSINESS OR INDUSTRY OCCUPATION (Give 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired) mon Sph 3/FATHER'S NAME MAIDEN NAM 15. Was Deceased Ever in U. S. Anned Forces? (Yes, no or unknown)[(If yes, give wor or dates of service) 6. SOCIAL 7. INFORMANT YOSECURITY NO 2/ INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY NOREASING OUER LEADING TO DEATH (This does not mean the made of dying, e.g., healt failure, osthenia, etc. It means the disease,

injury or camplication which caused death,)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, rise to the above couse (A) stating the UNDERLYING CONDITION last.

H

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 208. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner MEDI

218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? etc.) 21E, INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX)

While Ar Work

Not While At Work

Med.

22. I certify that () (this hospital) attended the deceased from February that (1) (we) last saw the deceased alive an 12

February ond that in (my) (our) apinion death accurred on the date

(If in Boltimore City, give exact location)

and hour and from the causes stated gbove. (A) (We) (did) (did) view the body after death. 23A. SIGNATURE

	7	-9	
U	•	_/.	en
23C. PHYSICIAN'S NAME (Type)	-		1
4	1	10	

Attending Phys. M.D. 23D. ADDRESS

Sloff Director Phys.

23 B. DATE/SIGNED

24A. BURIAL CREMATION. 24B. REMOVAL (Specify)

24C, NAME of CEMETERY or CREMATORY

(City, lown, or county)

25A. DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR

25C. FUNERAL DIRECTO BA Jo ind 2123 400),

VS 150-REV. 1/1/65

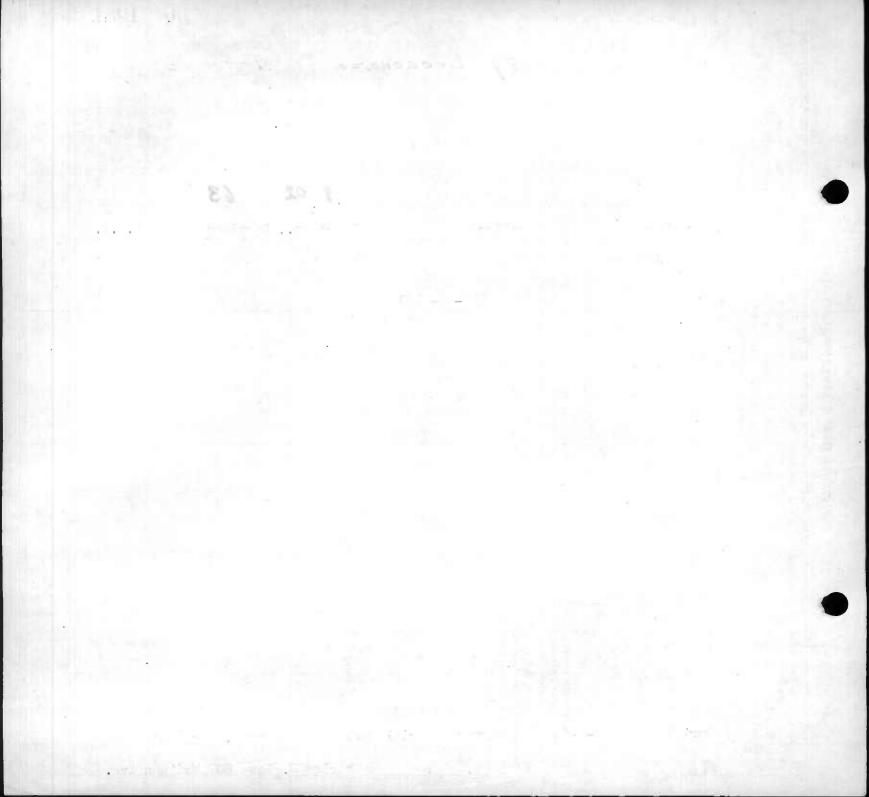
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FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

				BALTIMORE CITY	HEALTH DEPARTMENT	cc otost
8	IRTH NO.			CERTIFICA	TE OF DEATH Registered	<u>66 01281</u>
	A.E. CASE NO.	EE 11125	1		2. DATE AND HOUR OF DE	ATH
	Type or Print)	AL R	ACRE	Lecaer	7-4-	66 1 4:30Pm
	PLACE OF DEATH II	N BALTIMORE, MAI	RYLAND	Accaci	4. USUAL RESIDENCE (Where deceosed lived.	If institution: residence before admission)
	ELLI MANAF OF	(If not in hospital a	!+!+u+!	and a stand		1/
	FULL NAME OF HOSPITAL OR INSTITUTION	address or lacation		diae zueei	C. CITY OR TOWN (If outside city limits, v	write RURAL and give township)
	,				BALTIMORE	
	LUTHER	AN HOSI	OF	MARYLAND		n)
	FO				615 DUKFLAND	ブア,
5	SEX 6. RA	1000	WIDOWE	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
-	MALE OCCUPATI	NEGRO	IOR KIND OF	MARKIED BUSINESS OR INDUSTRY	1), BIRTHPLACE (Stote of foreign country)	12. CITIZEN OF
	one during most of workin					WHAT COUNTRY?
	Trucker		Rail	road	Calvert Co., Maryland	U.S.A.
'						
	Josh John		-		Unknown	
	5. Was Deceosed Ever Yes, no or unknown) (If y			SECURITY NO.	17. INFORMANT	ADDRESS
1	No			717-09-0133	RACHEL (WIFE)	SAME
	18. 4. 33	,01		CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
		CONDITION DIR	ECTLY		SERDIAL APPET	
	(This does not m	ean the made of		DUE TO	CARDIAC ARREST	
		nia, etc. It means lion which coused				
	ANTE	CEDENT CAUSES		(B)		
	DISEASES OR C	ONDITIONS, if	ny, giving	DUE 10		
	rise to the ab	ave cause (A)	slaling the	(C)		
		11				
	OTHER SIGNIFICAL	NT CONDITIONS C				
Ш	DISEASE OR CON	BUT NOT RELA DITION CAUSING I	т.			
	19A. DATE OF OPE	RATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, W	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
	21A. ACCIDENT W	AS UNDERLYING	218	PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID (If in Bo)	timore City, give exact location)
	OR CONTRIBUTING DEATH (notily medi	CAUSE OF	hon etc.	ne, form, factory, street, o	ffice bldg., INJURY OCCUR?	2.71 8.12 2.1021 (0.000)
	0	nth) (Doy) (Year)		, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	OF INJURY	illii, (Ooy, (reoi,		ile At 🖂 Not Whil	e 🗀	
	(APPROX)		Wo	ork At Work		8 1 11
				he deceased from	1-24 19 66 10	2-4 1966,
	-	sow the decease) apinion death accurred on the date
		n the causes stat	ed above. (1) (We) (did) (dld not)	riew the body after death.	
23A. SIGNATURE Laklia Greened M.D. Attending Med. Stoff. Z-4-66 Phys. Director Phys. Z						
	23C. PHYSICIAN'S	rea	free		ending Med. Stoff Phys. 23D. ADDRESS	2-4-66
	NAME (Type)		0		1 / Law 11 pm em	
	I/A	HCIA	QL	MADA M.D.	LUTHERAN HOS	P OF MARYCHUP
	REMOVAL (Specific	y)	24C.N.		EMATORY 24D. LOCATION	(City, town, or county) (State)
	Burial	2-9-66		arver Memorial		yland
	SA. DATE REC'D BY H	0 0 0	C . Top	OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	FEB 7 196	O Charles J	C, CON		Charles R. Law 802 M	adison Ave.
1	'S 150-REV. 1/1/65		1 "	0 0 13 11		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

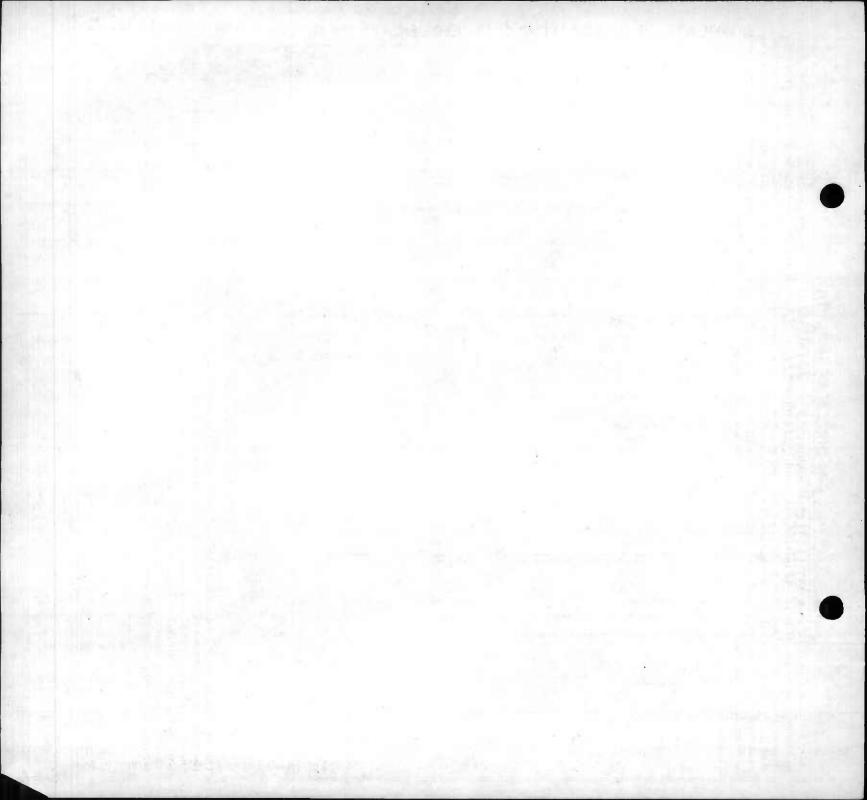
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMEN	T	
BIRTH NO. 66 01282	CERTIFICA	TE OF DEAT	H Registered No.	66 01282
M.E. CASE NO.	CERTIFICA		E AND HOUR OF DEATH	
(Type or Print) CEPH PILERS		130	= B 5 1961	C 112 30 0
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (A. STATE B. C	Where deceased lived, if insi	itution: residence before admission)
FUEL NAME OF (If not in hospital or institution, given and the special or institution) (INSTITUTION)	e straet	C. CITY OR JOWN	If outside city limits, write RU	IRAL ond give township)
		Ballen	are.	,
University Hospital		D. STREET ADDRESS	(If rurol, give location)	4.
5. SEX 6. RACE 7. MARRIED, N	EVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
M Negro Mar	DIVORCED (specify)	4/15/01	lost birthdoy)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Gree kind of work 10B, KIND OF B done during most of working life, even if refired)	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME		- Soull C	erolesa	US
James A Rugaria		Maraza	NAME -	
15. Wos Deceased Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT	a calle	ADDRESS
(Yes, no or unknown) (II yes, give wor or dates of service)	SECURITY NO.	- Ma-	1.00	
118.	218-01-602	23 1160	ecas Keer	2de
DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH		ONSET AND DEATH
LEADING TO DEATH	(A)	Hardon		2-non
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	L	*******************************	
injury ar camplication which caused death.)				1 V
ANTECEDENT CAUSES	(B)	**********		************************************
DISEASES OR CONDITIONS, if any, giving				
rise to the above cause (A) stating the UNDERLYING CONDITION last,	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WHE WAS PERFORMED	IICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
	LACE OF INJURY (e.g., in lorm, foctory, street, off	or obout 21 C. WHERE DI	ID (If in Boltimore (City, give exoct locotion)
U	NJURY OCCURRED	215 HOW DID	INJURY OCCUR?	
21D. TIME (Month) (Doy) (Yeor) (Haur) 21E. IP OF INJURY (APPROX.) While Work			Model occor.	
		14 4 17	20.66	1666
22. I certify that (I) (this haspital) attended the	Follow Tom	5	19 66 to f	1900
that (1) (we) lost saw the deceased alive an				an deoth occurred on the dot
ond hour and from the couses stated above. (1) ((We) (did) (did not) vi	ew the body ofter dec		- DATE SIGNED
Garrier N. Rosochen	M.D. Atter	nding Med.	Stoff Phys.	2/5/66
23C. PHYSICIAN'S NAME Clype)	- 1111	3D. ADDRESS		. 4.
BARRY N. KOSEN B.	ACMI M.D.	ONIVERS	ITY HOSPI	TAL
REMOVAL (Specify)	AE of CEMETERY of CRE		Baltimore Md	town, or county) (Stole)
Burial 2/10/66 Mt		metry	2 /	1
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL, DIREC	CIOR	ADDRESS //

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D 20. 3 8 Adolphus Halstead

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(except where the physician who pronounced death was in regular attendance on the	; and (6) No physician was in regular attendance on the deceased prior to death. Such	
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(4) Undetermined cause; (5)

or contributing cause

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released to the hospital by a medical accident of any nature; (2) Body burns;

the body was released shows: (1) An accident

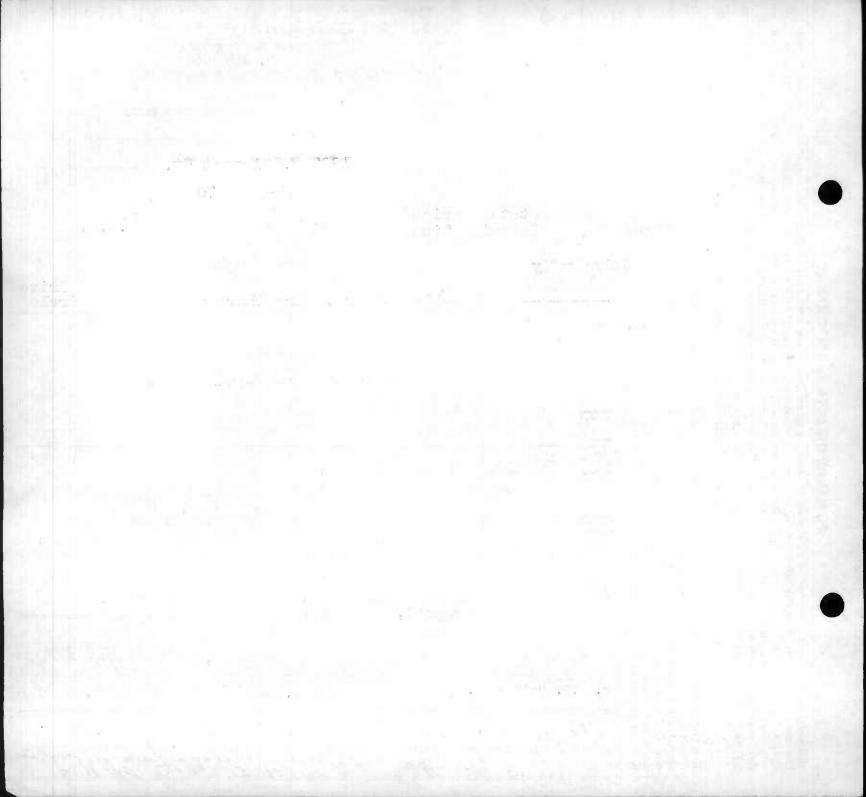
as D.O.A. eceased

by

approved

BALTIMORE CITY HEALTH DEPARTMENT 66 01283 Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Duffy, Martin J. Feb. 4th 1966 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY Md. Baltimore FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township INSTITUTION Saint Agnes Hospital Baltimore Caton & Wilkens Ave D. STREET ADDRESS (If rurol, give location) Clement St 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Il Under 1 Yr. Il Under 24 Hrs. Hours WIDOWED, DIVORCED (specify)
Single Months Doys 7/30/ 1895 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) done during most of working life, even if refired) States Warine 2. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Maryland U.S.A. Watchmen Isthmian tine 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Duffw Marv Hughes 15. Was Deceased Ever in U. S. Anned Forces? 17. INFORMANT 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 216-10-2834 Mrs. Mary Theresa Flynn 908 Circle No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Congestive heart failure LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury at camplication which caused death.) Arteriosclerotic cardio-vascular ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH SUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19 A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) DEATH (notify medical examined) MEDIC (Month) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from January 17, 19 64 to February 4, 1966 19 66 and that in (my) (aur) aplnian death accurred an the date that (1) (we) last saw the deceased alive on January 5. and haur and from the causes stoted abave. (1) (We) (ata) (did not) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. Med. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Coffay Jr. Baltimore, Md 21218 ppro 3100 St. Paul S reet 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specily) decease New Cathedral Cometery

258. NAME OF REGISTRAR VS 150-REV. 1/1/65



cause; attend prior contributing Undetermined is made. regular eceased Mas the 4 IMPORTANT eath uo kind; final attendance 0 embalmed the chief medical examiner DIRECTOR: regular 0 are physician before the remains physician was FUNERAL 0 ere 3 to the hospital ° nature; obtained 9 approved and any pe of death) hospita must accident 40 0 prior at MOS

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BALTIMORE CITY HEALTH DEPARTMENT 66 01284 CR 111284 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. Such 2. DATE AND HOUR OF DEATH (Type or Print) ALEXANDER FEBRUARY 3 4. USUAL RESIDENCE (Where decessed lived. It institution: residence before admission)
A. STATE
B. COLLINTY eath. 3. PLACE OF DEATH IN BALTIMORE MARY MARYLAND HOSPITAL OR Ö address or location) LITTLE SISTERS OF THE POOR (If outside city limits, write RURAL and give township) VALLEY STREET (If ruiol, give location) BALTIMORE. MARYLAND STREET MARRIED, NEVER MARRIED 9. AGE (In veors S. SEX If Under 1 Yr. If Under 24 His. WIDOWED. DIVORCED (specify) Hours WIDOWED 16, INA USUAL OCCUPATION (Give kind of work 108, KIND, OF RUSINESS, OR INDUSTR) 12. CITIZEN OF WHAT COUNTRY? disposition POLAND MOLDER EAD OLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL SECURITY NO. VALLEY LITTLE SISTERS OF THE TOOR No 216-01-3280 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying, e.g., heart loilure, osthenio, etc. It meons the diseose, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, sheet, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notity medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram 196 that (1) (we) last sow the deceased alive an and that in (my) (our) apinion death occurred on the date and hour and fram the couses stated above. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED Attending 1 Med. M.D. Phys. Director _ written approval 23 D. ADDRESS 23C. PHYSICIAN'S NAME (Type) HNKUDAS STANLEY M.D. 24A. BURIAL CREMATION, 24B. eceased REMOVAL (Specify) ComeTery

VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR

Declaration of Intention for Citizenship Papers 2-15-1936 M.H. 2-15-66

of death Deceased death. ance contributing cause stermined cause; (5) attend (4) Undetermined regular deceased eoth 2 Was the O IMPORTANT death O attendance any pronounced ar FUNERAL DIRECTOR: regu physician the chief medical Was physician (2) Body the where to the hospital °Z any nature; 9 (except pub : of death) hospital was released An accident

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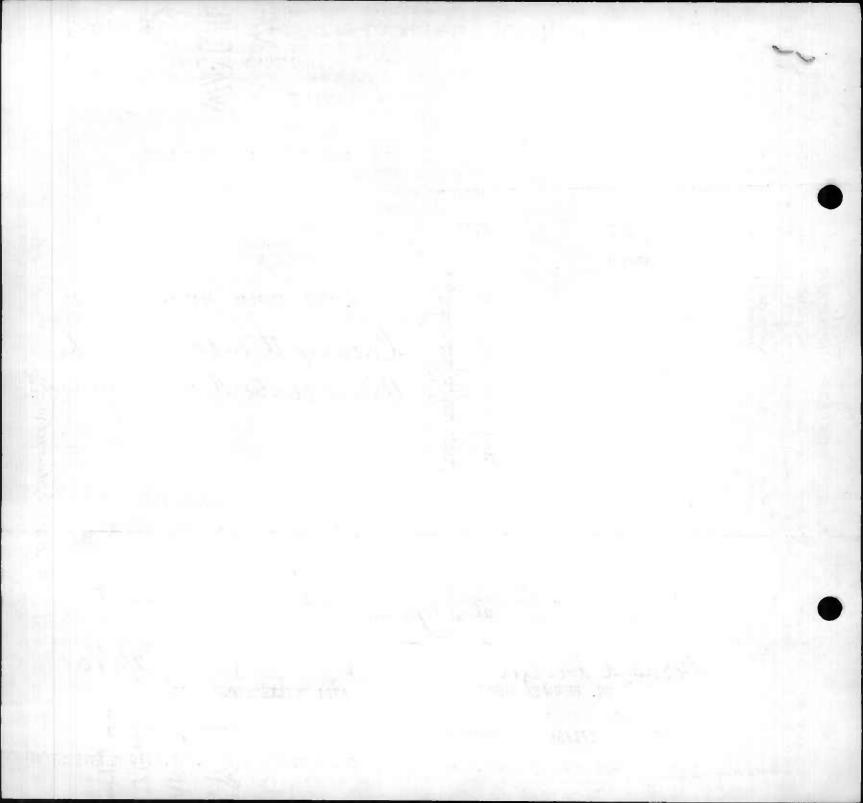
D.O.A.

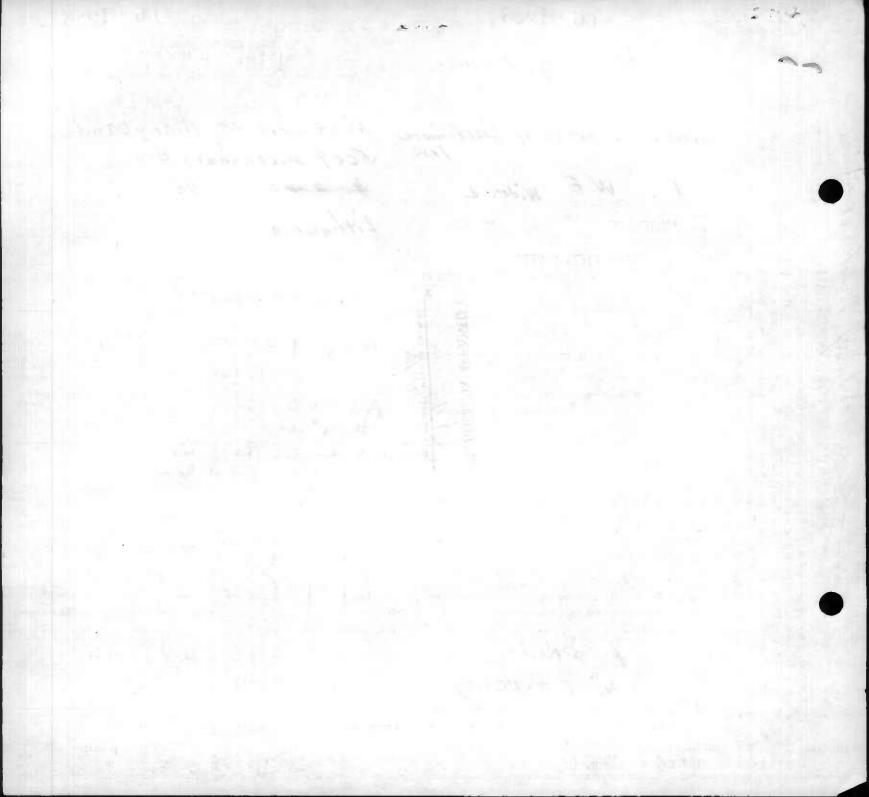
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 66 01995 66 01285 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) FRANK HOFFMAN JANUARY 30, 1966 RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND MARYLAND FULL NAME OF (II not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL BALTIMORE (Il tutol, give location) SINAI HOSPITAL 3909 WEST COLD SPRING LANE 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. II Under 1 Yr. WIDOWED, DIVORCED (specily) Months Doys Hours lost birthdoy MALE WHITE MARRIED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired)
MERCHANT RETAIL RUSSIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN 1 6. SOCIAL SECORITY NO. 5. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS final (Yes, no or unknown) (If yes, give wor or dotes of service) MR. ASHER HOFFMAN 4018 BROOKHILL ROAD NO CAUSE OF DEATH INTERVAL BETWEEN 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g. heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) 0 ANTECEDENT CAUSES givin DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoting the UNDERLYING CONDITION last. remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. he 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimore City, give exact location) DEATH (notily medical examiner) etc.) MEDIC, obtained 21 D. TIME (Month) (Doy) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Hour) OF INJURY While At Not While [(APPROX) At Work Work 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an about and that in (my) (aux) apinian death accurred on the date and haur and fram the causes stated abave. (1) (Wet (did) (did nat) view the bady after death. must 23A. SAGNATURE 23B. DATE SIGNED Attending Med. M.D. Phys. Director approval prior PHYSICIAN'S 23D. ADDRESS BERNARD NAME (Type) REISTERSTOWN ROAD deceased written ap 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) REMOVAL (Specify)

ADATH JESHURON BALTIMORE, MARYLAND BURIAL 2/2/66 258. NAME OF REGISTRAR SQL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD VS 150-REV. 1/1/65





IMPORTANT FUNERAL DIRECTOR:

	BALTIMORE CITY HEALTH DEPARTMENT								
	RTH NO. 66 U1287 CERTIFICATE OF DEATH Registered NoCE U1287								
1.	NAME OF DECEASED 2. DATE AND HOUR OF DEATH								
11	PLACE OF DEATH IN BATHMORE, MARYLAND [4, USUAL RESIDENCE (Where decoosed lived, If institution, residence before admission)								
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY								
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township)								
	21. 110 - money of HRD Rully red Baltimore								
4	14 / 193/ St. paul St.								
5.	M. SEX JOHN SEX JOHN SEX MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWS DIVORCED (specify) Proceed 1900 Control of the sex								
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF ALL NESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?								
,,,	Retired - Foreman Race Horses Balt, more and Md. American								
1;	FATHERS NAME								
	Thomas Kearns Ella Roche								
13	. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS								
1	No None Stunity No. Catherine Mc Manus 1931 ST. paul St.								
	18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH								
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH A COND CON CINDER OF THE Transmission								
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (A) Adeno Carcinama of the Transverse Smarth DUE TO With metalass (B) DUE TO D								
	heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.)								
	ANTECEDENT CAUSES (B) Amelia presimen								
	DISEASES OR CONDITIONS, if any, giving								
	rise to the above couse (A) slating the (C)								
	UNDERLYING CONDITION lost.								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
-	TO THE DEATH BUT NOT RELATED TO THE								
- 4	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (106 or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
0	Dec. 14 1965 afdering ness, death of symond Colon								
	OR CONTRIBUTING CAUSE OF home, form, Voctoty, street, office bldg., INJURY OCCUR?								
	21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not White								
2	OF INJURY (APPROX.) While At Not White Not Work At Work								
	when he died								
	that W) (we) lost saw the deceased oliverant 19 and that in (my) (our) opinion death occurred on the date								
	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE								
	M.D. Attending Med. Stoff TI - 1								
	23C. PHYSICIAN'S 23D. ADDRESS 23D. ADDRESS								
	NAME (Type) SHEN- SHOUTSENG M.D. The Union Memorial Hosp.								
2	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town or county) (State)								
	Burial 2/8/1966 Druid Ridge Cemetery Pikesville, Maryland								
2	ADDRESS MAME OF REGISTRAR 25C. FUNERAL DIRECTOR								
	1300 Land Canada and March Valence 12 New horth in a los								

VS 150-REV. 1/1/65

2/8/1966

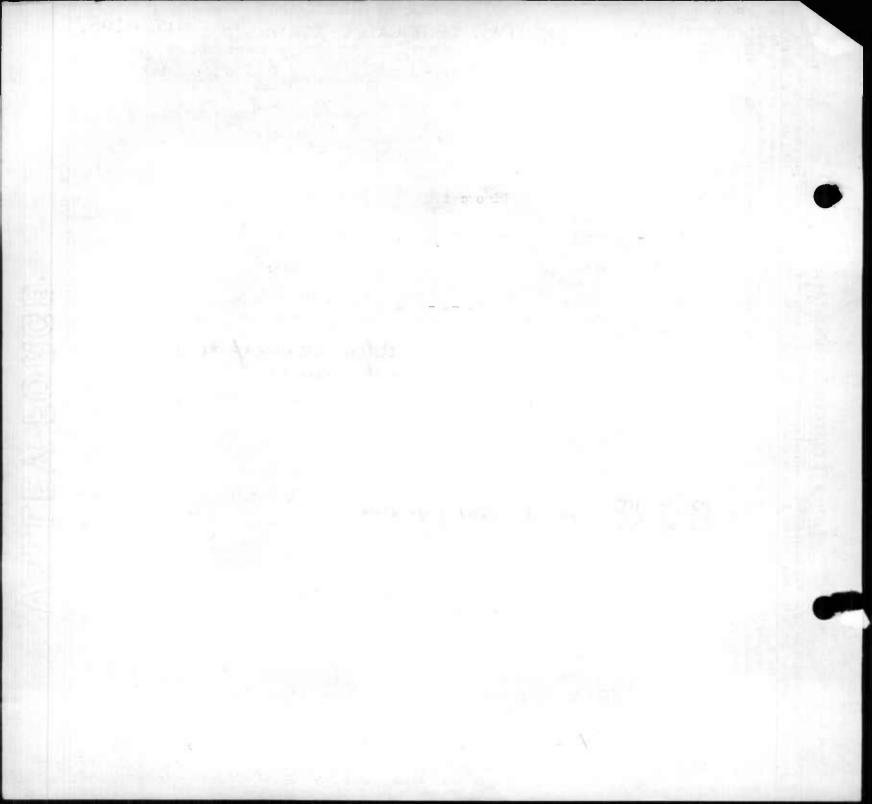
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VS 150-PTY

Druid Ridge Cemetery Pikesville,

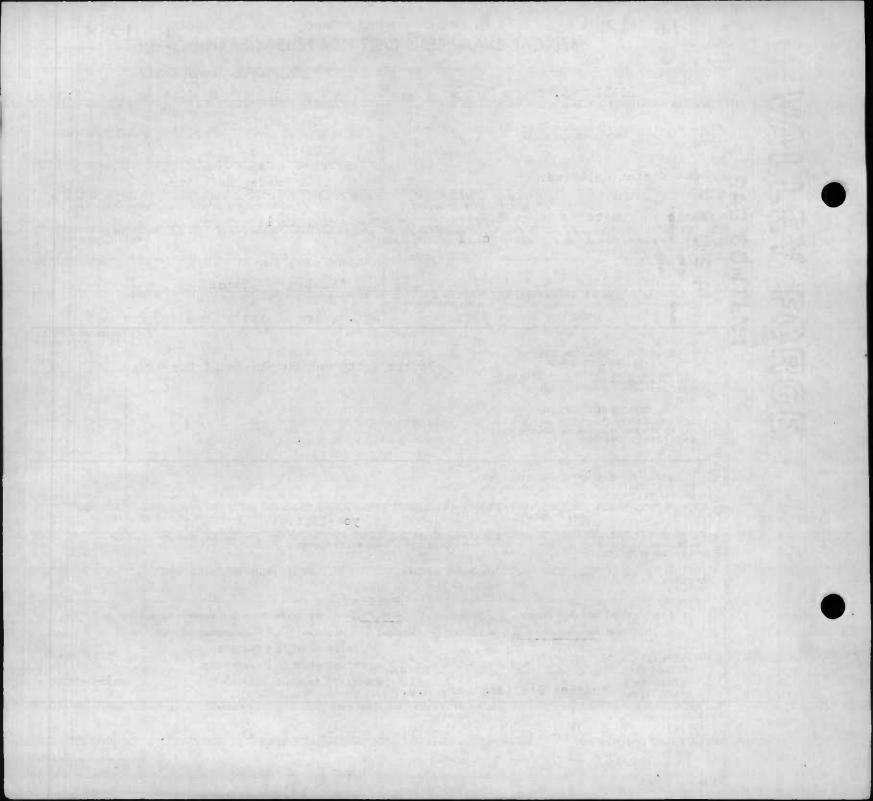
258. NAME OF REGISTRAR

250. FUNERAL DIRECTOR



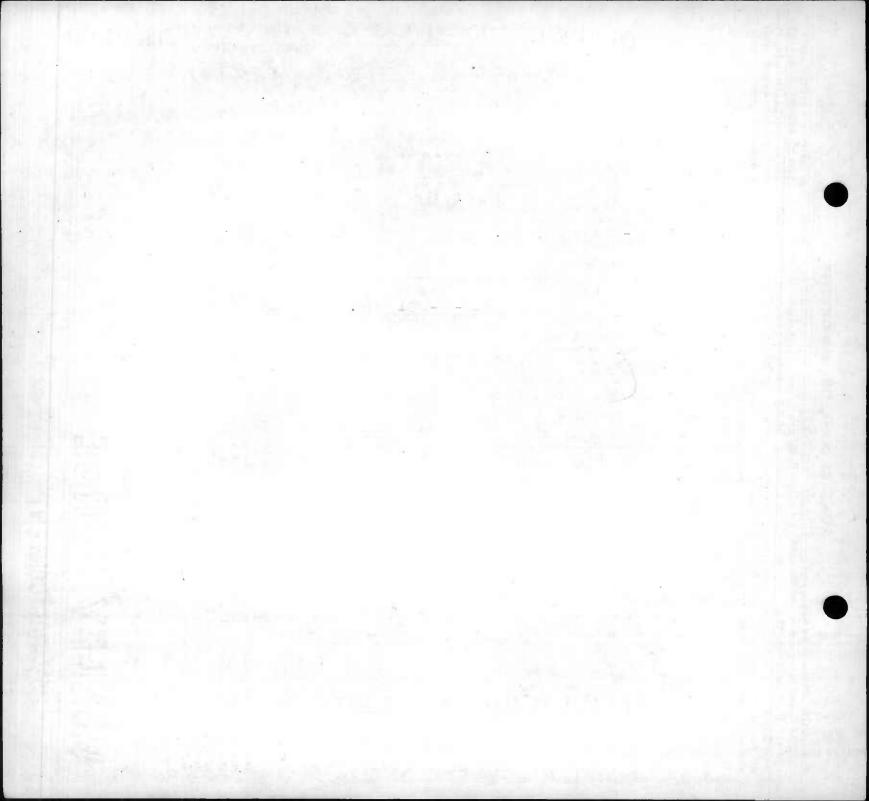
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BIRTH NO.	MED	ICAL EX	AMINER'S CI	RTIFICATE	OF D	DEATH Registe	red Na		
M.E. CASE NO.									
1. NAME OF DEC		2 0	1	2. DATE AND HOUR PRONOUNCED DEAD					
2 DI ACE IN BALT	LILLIAN L.			February 5, 1966 12:30 A					
S. PEACE III BACI	A. STATE B. COUNTY								
FULL NAME OF	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)								
INSTITUTION	Baltimore 974								
90				D. STREET ADDRES			1-6	1	
844 Exe	eter Hall Ave					er Hall Ave			
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	UI S	9. AGE (In years	If Under	1 Yr. If Under 24 Hrs	
female	le white WIDOWED, DIVORCED (specify) Married			Annil 10	3.003	lost birthdoyl	Monms	Doys Hours Min.	
		KIOB KIND OF	BUSINESS, OR INDUSTRY	April 10	te or foreign		12. CITIZE		
done during most of vachine Or	varking life, even if retired)		cial invelope	Baltimore, Maryland WHAT COUNTRY?					
13. FATHER'S NAM			Company	14. MOTHER'S MAIL	EN NAME	yzana	1		
Willian	n Brown			Lillia	n	Wilmot			
15. WAS DECEASE	D EVER IN U.S. ARME		16. SO CIAL	17. INFORMANT	2.5	TIMO 0	ADDRESS		
(Yes, no or unknown)	Off yes, give wor or dot	es of service)	SECURITY NO.	Mac Tours	Smarr	ne 4406 01d	Count	Donal	
1B	None		241155	OF DEATH	ome y	ue 4400 OTG	Court	INTERVAL BETWEEN	
DISEASES RISE TO TH UNDERLYIN OTHER SIGN TO THE	osthenio, etc. 11 meon mplication which caused in the course of the cour	ES ANY, GIVING ITATING THE CONTRIBUTII							
19A. DATE OF	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				yes-Partial IN CERTIFYING CAUSES OF DEATH?				
UTING CAU	L CAUSE WAS OR CONTRIB- SE OF DEATH. (Month) (Doy) (Yes	etc.)	PLACE OF INJURY (e.g., of lorm, loctory, street, of le. INJURY OCCURRED	mice bidg., INJURY O	CCUR?	III in Boltimore City, gi	ve exoct lo	cotian)	
(APPROX.)		m. V	VHILE AT NOT	WHILE ORK					
22.	26 4 4 1 1 - 1 1			Prial		- Lucera de de			
resul ACTUAI SIGNAT	URE VO	-	sccident Suicide		ICAL EX	AMINER X		DATE SIGNED	
EXAMIN NAME (Type) Kudiger		necker, M.D.						
23A. BURIAL CRE REMOVAL (Specify		23	C. NAME OF CEMETERY O	CREMATORY	23D. L	OCATION (City,	, town, or c	ounty) (Stote)	
Burial			Loudon Park	Cemetery	Ba	ltimore, Mo	1		
24A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL	DIRECTOR	,		DDRESS mel. 1	
FEB	7 1966 @.(125 E.	Scholley MA	21/m 1 t	Tich	ner & Sons	nort	h & Paula	
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BALTIMORE	CITY	HEALTH	DEPART	MENT
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			BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. M.E. CASE NO.	es 0128	9	CERTIFICA	TE OF DEATH	Registered Na.	CC (11289
NAME OF DE				2. DATE	AND HOUR OF DEATH	80 VIZO0
Type or Print)	as CTA	115.	G.		0	a. m.n
LEG	V/S 3/14/N	LEG	u.	DA HEIDENGE N	2-4-66	9.009
PLACE OF D	EATH IN BALIMORE, MA	RILANDS		4. USUAL RESIDENCE (VA. STATE B. CC	UNIX	nstitution: residence before admission
ELLIL NIA SAE	OF (If not in hospital		anna abasa	MARRILL	1440	12-13
HOSPITAL O			give street	C CITY OF TOWN	outside city limits, write	RURAL and give tawnship)
INSTITUTION				D t t m tt	doising thy minis, while	NONNETONO give nownship)
1/0,000	14 n 1 4 1 41			BALT IM	ORE	
11/2011	HERAN HOSP	. OF	MARULAND	D. STREET ADDRESS	(If rural, give location)	
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. SEX	6. RACE	7. MARRIED	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 F
	1.1	-	D, DIVORCED (specify)	7-2-01	lost birthdoy	Months Days Hours Min.
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	CUPATION (Give kind of world working lile, even if retired)	KIND C	DE ROZINEZZ OK INDUZIKA	11. BIRTHPLACE (State or	tareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
	eur - Private	Mac	Hecht	Pittshung	, Pennsylvani	
3. FATHER'S N.		MIS.	necho	14. MOTHER'S MAIDEN		a U.S.A
3. FAIHERS IV.	HIVIE			14. MOTHER'S MAIDEN	NAME	
?	Lewis			Levinia Eicl	kelberger	
5. Wos Decens	ed Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
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No	None		214-24-1031	MrGENEVIE	VE (WIFE)	SILLE
18. 20	00 11		CAUSE O			INTERVAL BETWEEN
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DISE	ASE OR CONDITION DI LEADING TO DEATH	RECTLY			1 11 12	
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	OR CONDITIONS, if the above cause (A)			MEMBER	U INFARCT	tin)
	NG CONDITION last.	siding in	(C)	rigoonkrie	CV INTERPO	
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O THE SIG	NIFICANT CONDITIONS (
A DISEASE C	R CONDITION CAUSING	IT.				
H 19A. DATE	OF OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE	FINDINGS CONSIDERED
OTHER SIGNATE DISEASE OF 19A. DATE	WA3 / EN	I O KIVIL D			CERIII IIII CA	TOJEJ OF DEATH.
	ENT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DIE	(If in Baltima	re City, give exoct locotion)
OR CONTR	BUTING CAUSE OF	ho	me, form, foctory, street, o	ffice bldg., INJURY OCCUR	?	
U	ily medical examiner)	er	Co/			
OF INJURY	(Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY		W	hile At Not While	e —		
(APPROX)		W	ork At Work			2 (
22. I certi	fy that (I) (this hospita	I) attended	the deceased from	2-4	19 lek to	2-4 1966
			9 1/	10 /- /		
tugt (I) (M	e) last saw the deceas	ag gilve gn		19 6 k and	that in (my) (aur) ap	inian death accurred on the
and hour o	ind from the causes sta	ted abave.	(I) (We) (did) (did not)	lew the bady after dea	th.	
23A. SIGNA	TURE	1	4			23B. DATE SIGNED
	1.00 1	/		ending Med.	Stoff Of	3 1/-/
	yarra E	ruga	Phy	s. Director	Phys.	α-4-66
23C. PHYSIC NAME				23D. ADDRESS		
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244 0112121 =	YMALIA	WHI	YAVA	LUITERAL	HUSK	OF NIKKY CH
24A. BURIAL C REMOVAI	REMATION, 24B. DATE	24C.	NAME of CEMETERY or CR	EMATORY 24E	LOCATION (C	City, tawn, or county) (State
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					Baltimore, M	aryland
ZOA. DAIE REC	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIREC	IOR /	a Bullonn
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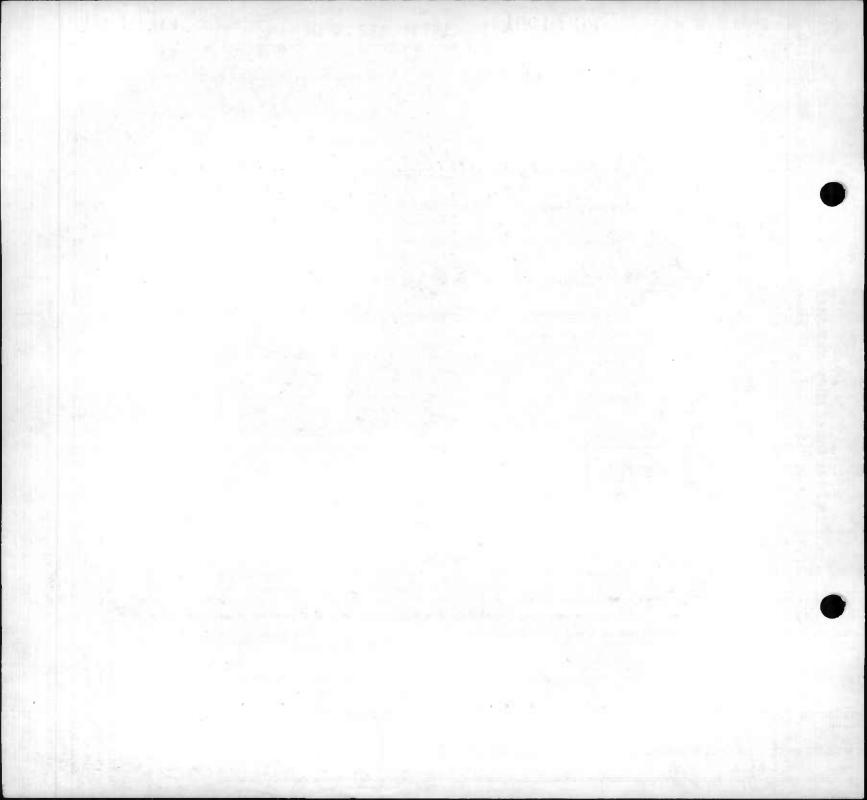
hospital

BIRTH NO. CERTIFICATE OF DEATH Registered No. 91290 M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Howard Smith February 4, 1966 4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) 423 Rosecroft Terrace Baltimore Baltimore, Md. 21229 D. STREET ADDRESS (If rural, give location) Rosecroft Terrace 21229 made. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. Months; Ooys Hours; Min. B. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (specify) lost birthdoy Male Oct. 23, 1868 White Widowed 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? C & P. Telephone Cd Batimore, Maryland Retired . S. A. Watchman 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Paine Smith 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. No None Mr. Henry W. Scott 706 Edmondson Ave. 21228 INTERVAL BETWEEN CAUSE OF DEATH 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES OUE TO are DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) atc.) obtained 21D. TIME (Month) (Ooy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (I) (this hespital) attended the deceased fram... that (1) (we) last saw the deceased alive an. ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave. (1) (We) (did) (did-not) view the bady after death. must 23A. SIGNATUR 23B DATE SIGNED Attending Phys. Med. M.D. Stoff Director approval PHYSICIANS 23D. ADDRESS NAME (Type) M. O. 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 4CNAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) 2/8/66 Baltimore, Loudon Park 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR AODRESS

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	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 66 01291	CERTIFICA	TE OF DEATH	Registered No.	3 11291
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 1 12		2. DATE AND	HOUR OF DEATH	
John //ixs	E	2	-4-66	10:10 A N
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNTY	deceased lived. If inst	titution: residence before admission.
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) INSTITUTION	ion, give street	C. CITY OR TOWN OF OUTsid	n & e city limits, write RI	JRAL and give township)
43		Balti	MOPE A	2/230
South Baltimore GE	neralHosp	D. STREET ADDRESS (If rove	VE and	Street.
5. SEX 6. RACE 7. MARI	RIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years t birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B. KIN)		11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF
done during most of working life, even if retired)	gral Electric	Man		WHAT COUNTRY?
13. FATHERS NAME	TOHE. Co.	14. MOTHER'S MAIDEN NAME	grana.	M. H. 11.
FREDERICK R	IXSE	-My known		
15. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unknown)(III yes, give war or dates of servi	16. SOCIAL SECURITY NO.	17. INFORMANT	-2 -	ADDRESS
no		mes milded	Elner	-4.001
18/002./1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Page	una Rue d		
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise		www		***************************************
injury ar camplication which caused death,)	0-	I.T. A. TB	old	
ANTECEDENT CAUSES	DUE TO	way ! ~		
DISEASES OR CONDITIONS, if any, gi		ealed .	reactiva	yan
UNDERLYING CONDITION last.				
O OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes of No)	OB. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
(APPROX)	While At Work	e 🗌		
22. I certify that (+) (this haspital) attend		2 - 3 19	66.10	2-4 1966
that (we) last saw the deceased alive	on 2-4	19 66 and that	In (aur) opini	ian death occurred an the dat
and haur and fram the causes stated abay	e. (I) (We) (did) (did nat) v	lew the bady after death.		
23A, SIGNATURE MUMAN	er M.D. Atte	ending Med. St	off ys.	23B. DATE SIGNED
23C.PHYSICYAN'S	Phy	s. Director Ph	y 8. E.	2-4-66.
J. MUNZNER, M.	.D. M.D.	South Balto. Gen	. Hospital	- 1213 Light St.
	C. NAME of CEMETERY of CRI			(Stote)
Burial 2/8/66 6	Lorrand Park	Cour. W.	Pordlaws	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAI	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	P	ADDRESS ON



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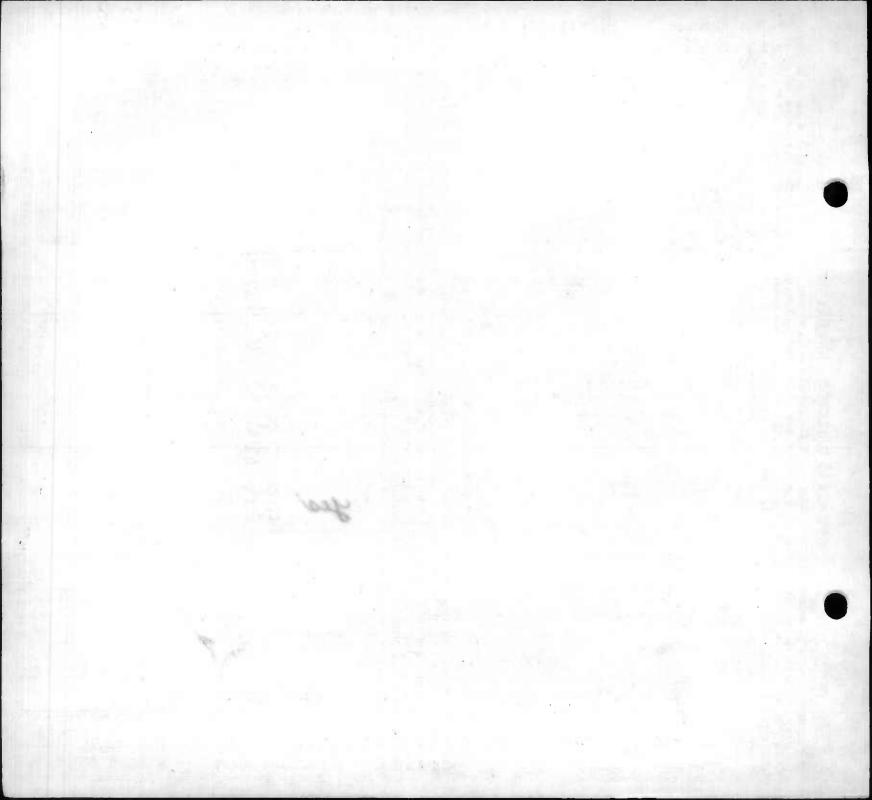
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BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Boy Gladden Februar Babu 3. PLACE OF DEATH IN CALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR Johns Hopkins Hospital (If outside city limits, write RURAL and D. STREET ADDRESS (If rurol, give location) 34 an made. 5. SEX 6. RACE MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours Min, Pours 23 WIDOWED. DIVORCED Ispecify) lost birthdoy 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GLADDEN munon 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMAN 1 6, SOCIAL ADDRESS or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or complication which coused death.) HYALING MEMBRANG DIS PREMATURITY ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the before the remains UNDERLYING CONDITION (osl. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? Wes or No! 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Work Work (APPROX.) Work 22. I certify that (I) (this hospital) attended the deceased from chour repnan m that (1) (we) Tost sow the deceased alive on pe and that la (my) (our) opinion death occurred on the date and hour and from the causes stated above (1) (did not) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Director L written approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) HOPKINS JOHNS HOSPITAL THE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (State) REMOVAL (Specify) Cremation 2-4-66 The Johns Hopkins Hos. Ba Baltimore, Maryland





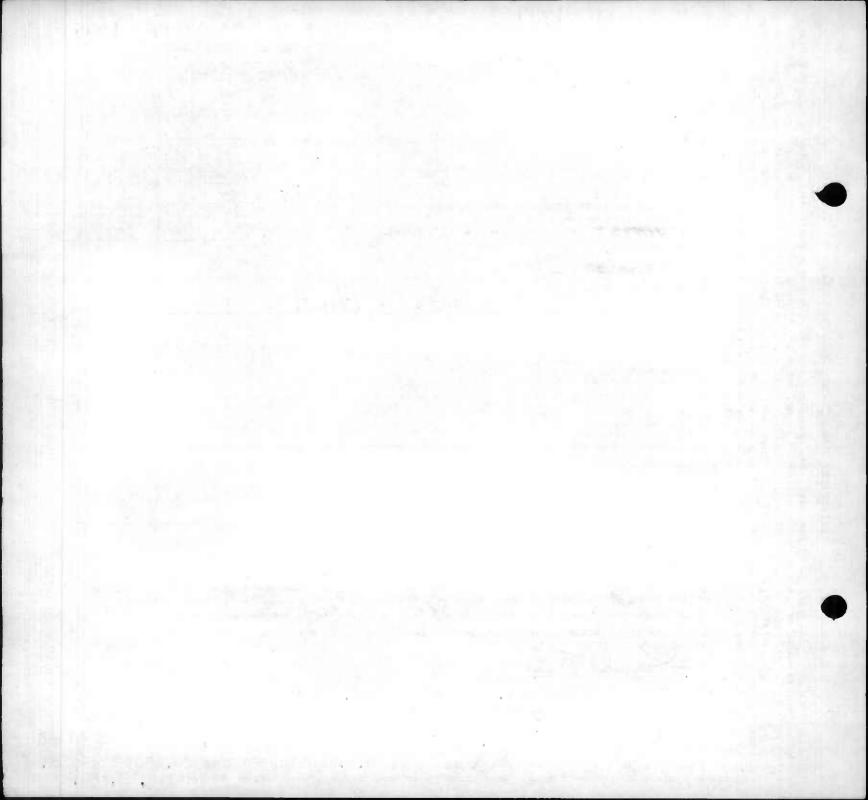
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT
SIRTH NO. CERTIFICATE OF DEATH Registered No.
M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
(Type or Print) Harris Eleanor 1/31/16 6:00 A N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND [4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
m - / 1 - / 1 - 1
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION (If outside city limits, write RURAL and give township)
Lincoln Nursing Home Baltimore
Lincoln Nursing Home By Limore D. STREET ADDRESS (III rurol, give location) 807 n Gary St
90 arm. carey of 807 n Day ST
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Hrs. WIDOWED, DIVORCED (specify) 1 lost birthdoy) Months; Doys Hours; Min.
temale Negra Unknown Unknown 77?
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Un Known Virginia
13. FATHER'S MAIDEN NAME
Andrew Scott Fegram - Melinda
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.
UNKNOWN
18. 4 3 0 0 0 INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO DUE TO
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)
ANTECEDENT CAUSES (B)
DISEASES OR CONDITIONS, if any, giving
rise to the above cause (A) stating the (C)
UNDERLYING CONDITION last.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF OR C
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21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) Work At Work
22. I certify that (I) (this hospital) attended the deceased from 19 to 19
that (I) (we) last saw the deceased alive on the date on the date on the date of the date
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
23A. SIGNATURE Attending Med. Stoff Phys. 23B. DATE SIGNED 23B. DATE SIGNED
NAME (TYPE) MED TO M.D. 23D. ADDRESS. & M.C. 1700 M.D. 25D. 25D. ADDRESS. & M.C. 1700 M.D. 25D. 25D. 25D. 25D. 25D. 25D. 25D. 2
24A. BURIAL CREMATION, 144 ASTE 66 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, lower, or county) (Stote)
REMOVAL (Specify)
Final disposition-Anatomy Board, University Hospital Baltimore Morrison
Final disposition-Anatomy Board, University Hospital, Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. EUNERAL DIRECTOR 36 6 1 1 1 1 1 1 1 1
Final disposition-Anatomy Board, University Hospital Baltimore Morrison

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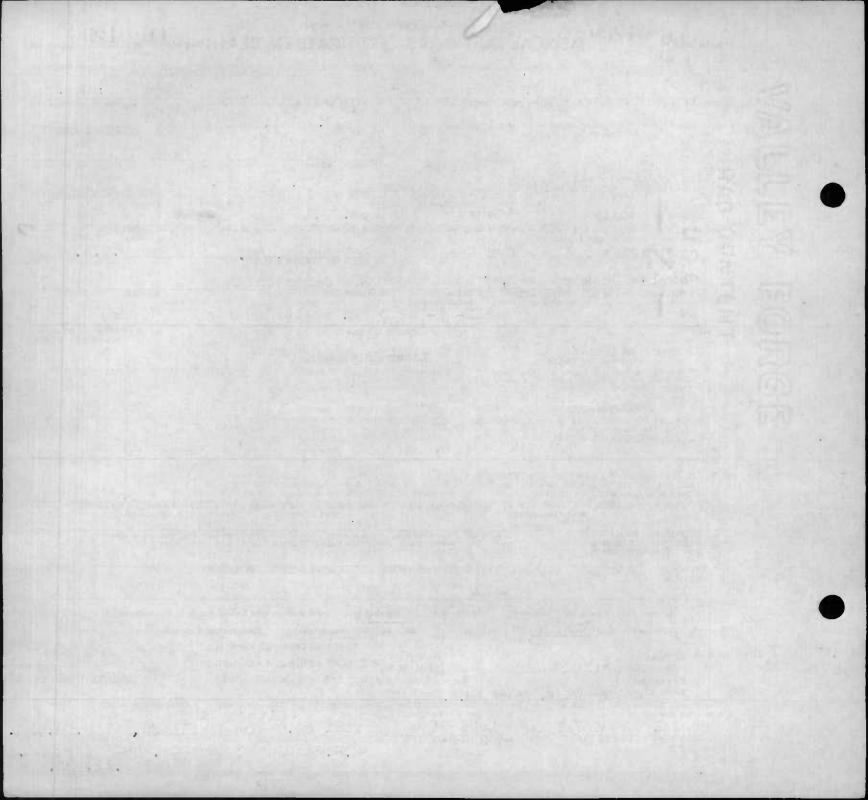
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FUNERAL DIRECTOR: IMPORTANT	er.	TOL	ron	and (6) No physician was in regular attendance on the deceased prior to death. Such	obtained before the remains are embalmed or final disposition is made.
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	hos	Jate	Ppt	9	ine
	pro	nyı	BXC	and	pte
	90	of a) 10	h);	pe
	t be	ent	spit	eat	USt
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and we the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death and the body was released to the hospital by a medical examiner.	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death);	written approval must be
	ite i	שם נ	D to	ior	LOVE
	fice	A (A	Pr	ddr
	ert	S: (1	0.0	3560	en c
	nis o	MO	SD	900	LIT
	F	S	3	ō	3

	66 01:	295 BALTIMORE CITY	THE TENT DE CARTINETT		
RTH NO. .E. CASE NO.			TE OF DEATH	Registered Na.	66 01295
NAME OF DECE	ASED	51 + 5	2. DATE	AND HOUR OF DEATH	7
	Edwin M	Stewart, Sr.	2-	5-66	1:10 A
	14 land Gen	ieral Hospital	A. STATE 8. CO	UNTY	nstitution: residence before admissi
FULL NAME OF HOSPITAL OR	(If not in hospital oddress or location	or institution, give street	Mary /an		RURAL ond give township)
INSTITUTION			Baltimor-		KOKAL OILG GIVE IDWISSIIP)
18			D. STREET ADDRESS	(If rural, give location)	
7 '			408 Rose 6	pant Ave	
SEX	S. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min
M	W	widowed	2/6/84	81	
	orking lile, even if retired)	THE TOB. KIND OF BUSINESS OR INDUSTRY	Many lan	A	12. CITIZEN OF WHAT COUNTRY?
MACHII		EXEWOOD ARSENAL			U, S. A.
FATHER'S NAM		Lowert	14. MOTHER'S MAIDEN N	IAME	
	ARLES P.S		ŗ		
s, no or unknown)	Ever in U. S. Armed Fo (If yes, give wor or dot	tes of service) SECURITY NO.	17. INFORMANT		ADDRESS
No		215-05-6358	Chan		
18.42 (0,01	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DI	A	Livingelova	tic Heart Di	iear Years
(This does no	t meon the mode of	I dying, e.g., DUE TO	FCTTOSCTETO	110 10 10	
	sthenio, etc. Il meons dicotion which coused				
A	NTECEDENT CAUSES	S (B)	***************************************		**************************************
DISEASES OF	CONDITIONS, il				. 100.00
	above couse (A)	slaling the (C)		10 00 00 00 00 00 00 00 00 00 00 00 00 0	na a a min istrici. (m in 1990 00 a a a ara a trictarium a a cotunum a cotunista o cotunum a cotunista o cotunum a cotunista a cotunum a cotunista a cotunum a cotunista a cotunum a cot
	11				
OTHER SIGNIFI	CANT CONDITIONS				
DISEASE OR C	ATH BUT NOT REL	1T.			
19A. DATE OF		NDITION FOR WHICH OPERATION REFORMED	20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED
A					USES OF DEATH?
19A. DATE OF	WAS UNDERLYING		n or obout 21 C. WHERE DID		AUSES OF DEATH?
OR CONTRIBUT	T WAS UNDERLYING [ING CAUSE OF		n or obout ffice bldg, INJURY OCCUR?	(If in Boltimor	TO City, give exact location!
OR CONTRIBUT	medicol exominer	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	ffice bldg., INJURY OCCUR?	(If in Boltimon	AUSES OF DEATH?
21 A. ACCIDENTO OR CONTRIBUTED DEATH Inotity of 21 D. TIME OF INJURY	ING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 1 (Hour) 21E. INJURY OCCURRED While At Not While	INJURY OCCUR?	(If in Boltimon	AUSES OF DEATH?
OR CONTRIBUTED DEATH Inotity (CAPPROX.)	Month) (Doy) (Yearl	21B. PLACE OF INJURY (e.g., informe, form, foctory, street, of etc.) 1 (Hour) 21E. INJURY OCCURRED While At Not While Not Work	Iffice bidg., INJURY OCCUR?	(If in Boltimor	re City, give exact location!
21Δ. ACCIDENTOR CONTRIBUTED DEATH Inofily (CAPPROX.) 21 D. πΜΕ (CAPPROX.) 22. 1 certify the contributed of the capprox (CAPPROX.)	(Month) (Doy) (Yearl	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 219. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 210. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 211. INJURY OCCURRED While At	Iffice bidg., INJURY OCCUR?	(If in Boltimon	re City, give exact location!
21A. ACCIDENTOR CONTRIBUTED TO PROVIDE AT HOSTORY (APPROX.) 21D. TIME (APPROX.) 22. 1 certify that (1) (we) I	(Month) (Doy) (Yearl	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 1 (Hour) 21E. INJURY OCCURRED While At Not While At Work at) attended the deceased from	21F. HOW DID I	NJURY OCCUR?	re City, give exact location!
21A. ACCIDENTOR CONTRIBUTION CO	(Month) (Doy) (Yearl	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 219. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 210. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 211. INJURY OCCURRED While At	21F. HOW DID I	NJURY OCCUR?	re City, give exact location!
21A. ACCIDENTOR CONTRIBUTED TO PROVIDE AT HOSTORY (APPROX.) 21D. TIME (APPROX.) 22. 1 certify that (1) (we) I	(Month) (Doy) (Yearl	21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.) I (Hour) 21E. INJURY OCCURRED While At Not While At Work al) attended the deceased fram	Injury Occur?	INJURY OCCUR? 19 (aur) apith. Staff	re City, give exact location!
21A. ACCIDENTOR CONTRIBUTED TO PROMISE OF INJURY (APPROX.) 22. I certify that (1) (we) I and have and 23A. SIGNATURE	CAUSE OF medical examiner) (Month) (Day) (Year) hat W (this hospital ast saw the decease from the causes state	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21 (Hour) 21 E. INJURY OCCURRED While At Not While Manual Manua	21F. HOW DID I	NJURY OCCUR?	re City, give exact location!
21A. ACCIDENTOR CONTRIBUTION CO	CAUSE OF medical examiner) (Month) (Doy) (Year) hat this hospital ast saw the decease from the causes state the cause state the causes state the causes state the causes state the causes state the cause state the cause state the causes state the causes state the cause state t	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 1 (Hour) 21E INJURY OCCURRED While At Not While At Work at all attended the deceased fram	21F. HOW DID I	(If in Boltimos NJURY OCCUR? 19 (ta	re City, give exact location!
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21A. ACCIDENTOR CONTRIBUTION CO	CAUSE OF medical examiner) (Month) (Doy) (Yeard this hospital ast saw the decease from the causes state of the causes of	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While with Work all attended the deceased from	INJURY OCCUR? 21F. HOW DID I 19 CC and view the bady after deat and Director [23D. ADDRESS Ma. General EMATORY 24D.	that in(my) (aur) apih. Staff Phys. L. HOSpital	inian death accurred on the c
21A. ACCIDENTOR CONTRIBUTION CO	CAUSE OF medical examiner) (Month) (Doy) (Yeard this hospital ast saw the decease from the causes state of the causes of	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While Work Ol) attended the deceased from	Injury Occur? 21F. HOW DID I 19	that in(my) (aur) apih. Staff Phys. LOCATION (CO CO Vans)	The City, give exact locations 19 600 inian death accurred on the company of th



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	CEASED		10 DATE AND	HOUR PRONOUNCE	ED DEAD
NAME OF DE	Ruth	C. Swartz	2. DATE AND	2/3/	166 2 00
PLACE IN BAL		HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If insti	tution: residence belore admission
			A. STATE Maryland	B. COU	NTY
JLL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (II outside	corporate limits, write	RURAL and give township)
1			Baltimore D. STREET ADDRESS (If ruro),	give location)	1
70	6002 : York F	Road	414 E. Lake	e Ave.	
SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
female	white	WIDOWED, DIVORCED (specify) WILDOWED	Feb.22,1894	71	Williams Doys Hoors Williams
	UPATION (Give kind of wor working life, even if retired)	108 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
Hous	ewife	Own Home	Baltimore M	d	U.S.A.
FATHER'S NAM			14. MOTHER'S MAIDEN NAME		
	es Cockey	FORCES? 16, SO CIAL	Eva Johnston		ADDRESS
s, no or unknowr	(If yes, give wor or date	s of service) SECURITY NO.			
No		212-01-54281	E.Douglas S	wartz	(Same)
18. 49	OXI	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DI		pneumonia		
(This does	LEADING TO DEATH	(A)			
heart failure	e, asthenia, etc. It means	the disease,			
DISEASES RISE TO TH	OR CONDITIONS, IF A	NY, GIVING (8)			
DISEASES RISE TO TH UNDERLYI	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S NG CONDITION LAST. II SHIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTING LATED TO THE			
DISEASES RISE TO TH UNDERLYII OTHER SIG TO THE DISEASE O	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S HG CONDITION LAST. II SHIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	CONTRIBUTING LATED TO THE CONTRIBUTING LATED TO THE G IT. IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	
DISEASES RISE TO THUNDERLYII OTHER SIG TO THE DISEASE O 19A. DATE O	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S NG CONDITION LAST. II SHIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING F OPERATION 198. CON	CONTRIBUTING LATED TO THE GIT. IDITION FOR WHICH OPERATION FORMED	yes	IN CERTIFYING CAUS	ES OF DEATH?
DISEASES RISE TO THUNDERLYII OTHER SIG TO THE DISEASE O 19A. DATE O	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' HE ABOVE CAUSE (A) S' HE ABOVE CAUSE (A) S' HI HILLIANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING F OPERATION 19R. CON WAS PER HALL CAUSE WAS	CONTRIBUTING LATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., borne, form, foctory, street, oetc.) (Hour) 21E. INJURY OCCURRED WHILE AT NOT NOT	yes in or obout 21C. WHERE DID (ffice bldg., INJURY OCCUR?	IN CERTIFYING CAUS YES If in Boltimore City, given	ES OF DEATH?
OTHER SIGNOTHER SIGNOTHER SIGNOTHER SIGNOTHER SIGNOTHER DISEASE OF THE DISEASE OF	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' NG CONDITION LAST. II ENIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING F OPERATION 198. CON WAS PER AL CAUSE WAS OR CONTRIB- JSE OF DEATH.	CONTRIBUTING LATED TO THE GIT. 10 ITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.) 11 (Hour) 21E. INJURY OCCURRED	yes in or obout 21C. WHERE DID (ffice bldg., INJURY OCCUR?	IN CERTIFYING CAUS YES If in Boltimore City, given	ES OF DEATH?
OTHER SIG TO THE DISEASE OF INJURY (APPROX.)	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' NG CONDITION LAST. II ENIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING F OPERATION 198. CON WAS PER AL CAUSE WAS OR CONTRIB- JSE OF DEATH.	CONTRIBUTING LATED TO THE GIT. 1218. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.) 10 (Hour) 21 E. INJURY OCCURRED WHILE AT NOT WORK AT W	yes in or obout 21C. WHERE DID (ffice bldg, INJURY OCCUR? 21F. HOW DID INJU WHILE	IN CERTIFYING CAUS YES If in Boltimore City, given	re exact location)
OTHER SIGNOTHER	OR CONDITIONS, IF A BE ABOVE CAUSE (A) S' NG CONDITION LAST. II SHIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING FOPERATION 19R. CONWAS PER CAUSE WAS DOR CONTRIBUSE OF DEATH.	CONTRIBUTING LATED TO THE CONTRIBUTING LATED TO THE GIT. 21B. PLACE OF INJURY (e.g., home, foctory, street, oetc.) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WORK NOT WORK	yes in or obout 21C. WHERE DID (ffice bldg, INJURY OCCUR? 21F. HOW DID INJU WHILE ORK opsy and that an this	IN CERTIFYING CAUS Yes If in Boltimore City, given RY OCCUR?	e exact location)
DISEASES RISE TO TH UNDERLYII OTHER SIG TO THE DISEASE OF 19A. DATE OF 19A. DATE 21 D. TIME OF INJURY (APPROX.) 22. I cer	OR CONDITIONS, IF A BOVE CAUSE (A) S' NG CONDITION LAST. II SHIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING FOPERATION 198 CON WAS PER SL CAUSE WAS PER CONTRIBUSE OF DEATH. (Month) (Doy) (Yeold the Contribuse of C	CONTRIBUTING LATED TO THE CONTRIBUTING LATED TO THE GIT. 21B. PLACE OF INJURY (e.g., home, form, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WORK NOT WORK NOT WORK AT W Suicide Suicide Suicide	yes in or obout 21C. WHERE DID (ffice bldg, INJURY OCCUR?) 21F. HOW DID INJU WHILE OPSY And that an this Hamicide U CHIEF MEDICAL EX	IN CERTIFYING CAUS YES If in Boltimore City, given RY OCCUR? s basis, death in m Indetermined manner AMINER	e exact location)
OTHER SIGNOTHER	OR CONDITIONS, IF A BOVE CAUSE (A) S' NG CONDITION LAST. II SHIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING FOPERATION 198 CON WAS PER SIZE OF DEATH. (Month) (Doy) (Year Stiffy that I held an I lted fram: Natural cause was stiffy t	CONTRIBUTING LATED TO THE CONTRIBUTING LATED TO THE OIT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, of etc.) WHILE AT NOT NOT WORK INSPECTION AUT USES Accident Suicide M. D.	yes in ar about 21C. WHERE DID (ffice bldg., INJURY OCCUR?) 21F. HOW DID INJU WHILE OPSY and that an this Hamicide U CHIEF MEDICAL EX ASSISTANT MEDICAL EX ASSOCIATE MEDICAL EX	IN CERTIFYING CAUS YES If in Boltimore City, given RY OCCUR? s basis, death in manned AMINER AMINER	es of Death?
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DISEASES RISE TO THE UNDERLYII OTHER SIG TO THE DISEASE OF 19A. DATE OF UNDERLYING UNDE	OR CONDITIONS, IF A PART OF CONDITION LAST. II SHIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING FOPERATION 19R CON WAS PER CONDITIONS OF CONTRIBUTIONS (Month) (Doy) (Yeo Tify that I held an I led fram: Natural causing the Contribution of Contribution (Month) (Doy) (Yeo Tify that I held an I led fram: Natural causing the Contribution of Contribution (Month) (Doy) (Yeo Tify that I held an I led fram: Natural causing the Contribution (Month) (Doy) (Yeo Tify that I held an I led fram: Natural causing the Contribution (Month) (Doy) (Yeo Tify that I held an I led fram: Natural causing the Contribution (Month) (Doy) (Yeo Tify that I held an I led fram: Natural causing the Contribution (Month) (Doy) (Yeo Tify that I held an I led fram: Natural causing the Contribution (Month) (Doy) (Yeo Tify that I held an I led fram: Natural causing the Contribution (Month) (Doy) (Yeo Tify that I held an I led fram: Natural causing the Contribution (Month) (Doy) (Yeo Tify that I held an I led fram: Natural causing the Contribution (Month) (Doy) (Yeo Tify that I held an I led fram: Natural causing the Contribution (Month) (Doy) (Yeo Tify that I held an I led fram: Natural causing the Contribution (Month) (Doy) (Yeo Tify that I held an I led fram: Natural causing the Contribution (Month) (Doy) (Yeo Tify that I held an I led fram: Natural causing the Contribution (Month) (Month) (Doy) (Yeo Tify that I held an I led fram: Natural causing the Contribution (Month)	CONTRIBUTING LATED TO THE GIT. CONTRIBUTING CONTRIBUTING	yes in or obout 21C. WHERE DID (ffice bidg, INJURY OCCUR?) 21F. HOW DID INJU WHILE OPSY And that an this Hamicide U CHIEF MEDICAL EX ASSISTANT MEDICAL EX ASSOCIATE MEDICAL EX	IN CERTIFYING CAUS Yes If in Boltimore City, given RY OCCUR? s basis, death in mandetermined manner AMINER AMINER CAMINER CATION OCATION OCCUTY AND CONTROL (City, given) OCATION OCCUTY O	es OF DEATH? ye exact location) by aplalan DATE SIGNED 2/4/66



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death kind;

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physician

(except where

ON (9)

(3) A fracture of any

examiner.

a medical

or final

embalmed

the remains

written approval must be obtained before

to death)

CERTIFICATION

physician was

regular

EXAMINER

PEDICAL

THE

BY

APPROVED

BE

OH

IMPORTANT

assistant

the chief medical examiner

FUNERAL DIRECTOR:

		HEALTH DEPARTMENT	
BIRTH NO. M.E. CASE NO.	11297 CERTIFICA	TE OF DEATH Registered	9. 11297
1.NAME OF DECEASED (Type or Print) Catherine J	ohnson	January 30, 1	тн .966 9:25 A.м.
3. PLACE OF DEATH IN BALTIMORE, N	ARYLAND	4. USUAL RESIDENCE (Where deceased lived. II A. STATE B. COUNTY	f institution: rosidence before admission)
HOSPITAL OR oddress or local			te RURAL ond give township)
/.	nt Hospital	Baltimore	
. 7	vision Street re, Maryland	D. STREET ADDRESS (If rurol, give locotion) 1633 W. Lafayette Ave	nue
5. SEX 6. RACE Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	B. DATE OF BIRTH 9. AGE (In years lost birthday) 40	It Under 1 Yr. It Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even it refired Unemployed	ork 108. KIND OF BUSINESS OR INDUSTRY	North Carolina	12. CHIZEN OF WHAT COUNTRY? U.S.A.
3. FATHERS NAME 36mes Me C	by	14. MOTHERS MAIDEN NAME He Cre	a
15. Was Deceased Ever in U. S. Armed F (Yes, no of unknown) (Iff yes, give war or de	۵	Lester Melrea 1525	N. Bentalou St
OISEASE OR CONDITION IN LEADING TO DEAT (This does not mean the mode heart failure, asthenia, etc. It mean injury ar complication which cause ANTECEDENT CAUSE DISEASES OR CONDITIONS, it rise to the obove couse (AUNDERLYING CONDITION last.	any, giving	etes Mellitus gestive ^M eart Failure	INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING IT.

198. CONDITION FOR WHICH 19A. DATE OF OPERATION OPERATION WAS PERFORMED

20 A. AUTOPSY? (Yes or No) No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (It in Boltimore City, give exact location)

and that in (my) (aur) apinian death accurred on the date

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined 21 D. TIME (Doy) (Yeor) 218, PLACE OF tNJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? etc.) 21 E. INJURY OCCURRED

21 F. HOW DID INJURY OCCUR?

MEDICAL OF INJURY (APPROX.)

(Hour)

While At Work 22. I certify that (1) (this hospital) attended the deceased from

Not While At Work

that (1) (we) last saw the deceased alive an 19 and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.

Med. Director

23B, DATE SIGNED

23C. PHYSICIAN'S NAME (Type)

Johnson

Attending Phys. 23 D. ADDRESS

Division Street 24D. LOCATION

Staft Phy s.

(City, town, or county) (Stote)

24A. BURIAL CREMATION, 24B. REMOVAL (Specify)

24C. NAME of CEMETERY Mem

REC'D BY HEALTH DEPT.

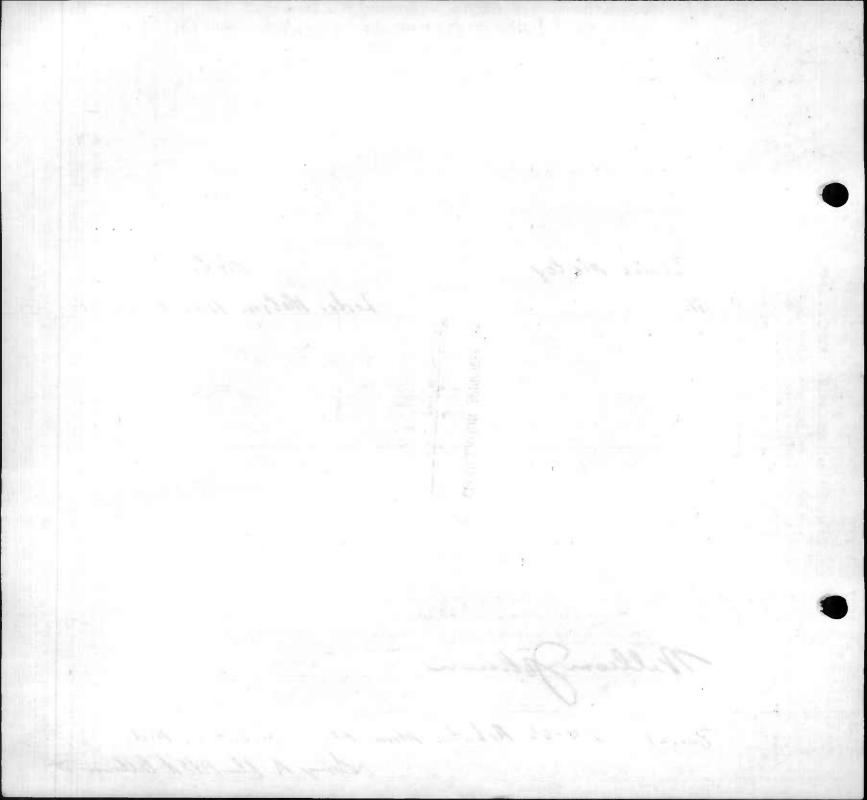
258, NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

ADDRESS

VS 150-REV. 1/1/65

An accident of any nature; (2) Body burns; the body was released to the hospital by his certificate must be approved by at a hospital prior was D.O.A. shows: (1) deceased

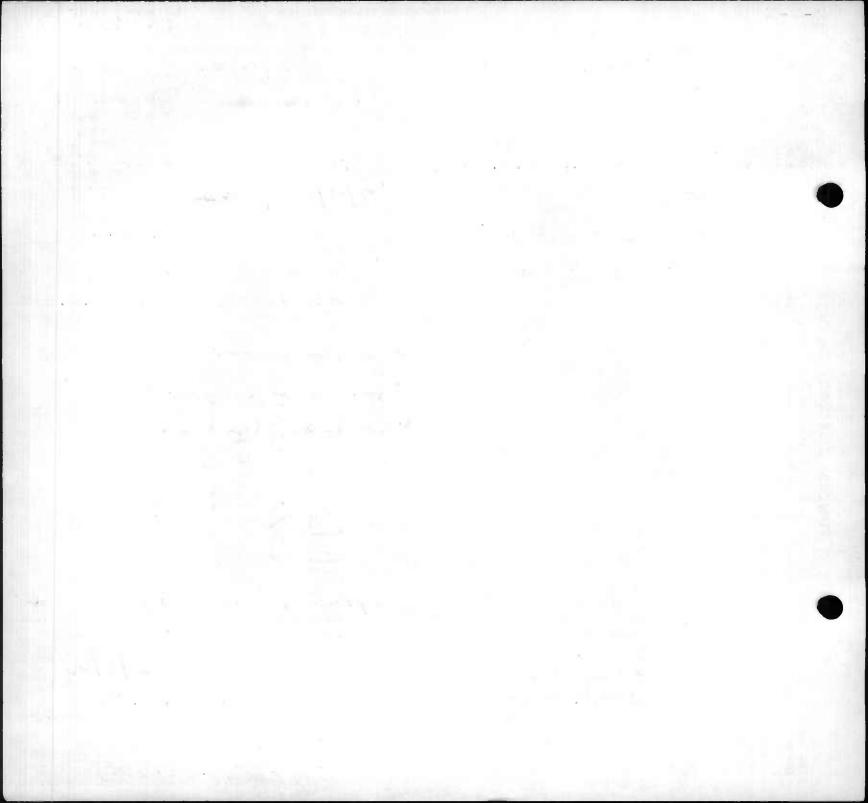


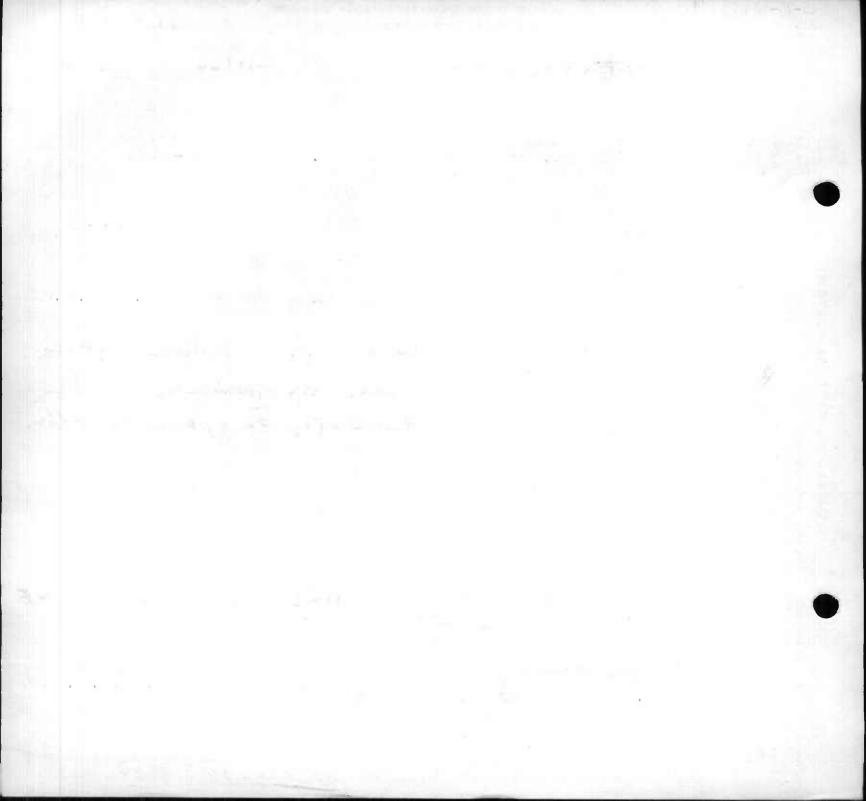
70

VS 150-REV. 1/1/65

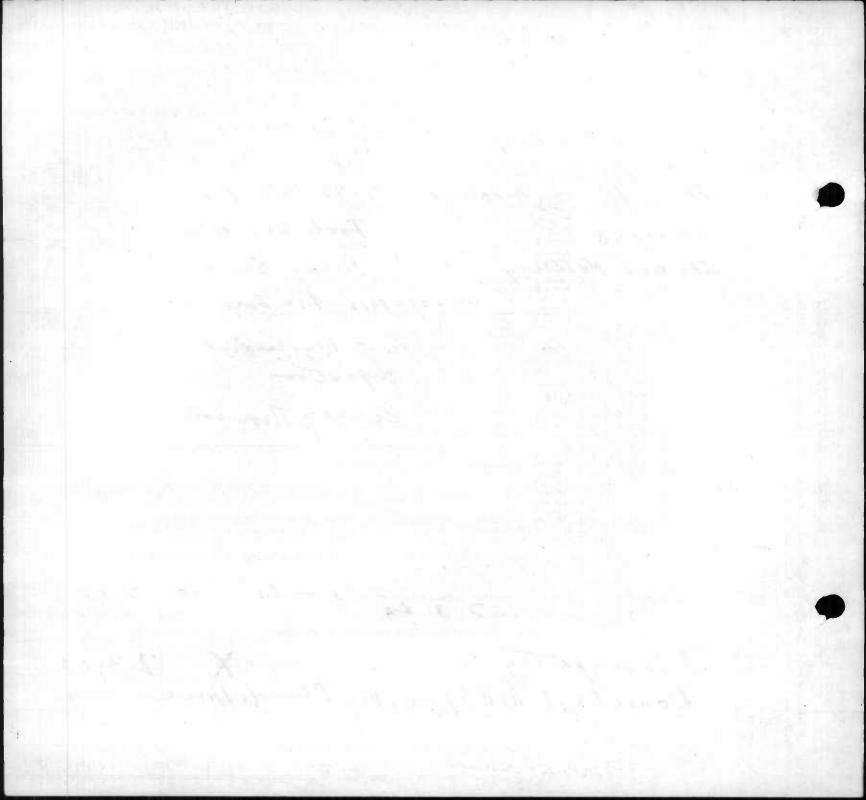
BALTIMORE CITY HEALTH DEPARTMENT

21225 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A ADDRESS RECORDS: BCH 4940 Eastern Ave., Balto.Md.21224 INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 23B, DATE SIGNED 4940 Eastern Avenue, Balto, Md. 21224 (Stote) 25C. FUMERAL DIRECTOR ADDRESS

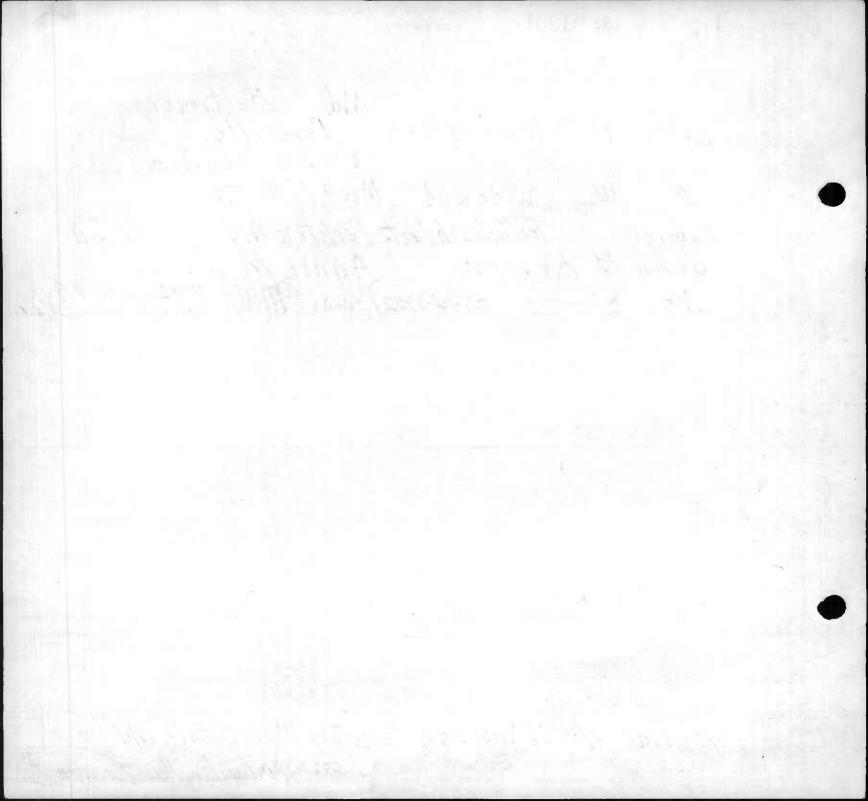




RTH NO.	0.139() CERTIFIC	ATE OF DEATH Regist	ered #86 (1130f)
NAME OF DECEASED	11 11	2. DATE AND HOUR O	F DEATH
ype or Print	40661DAY	2,3.66	8.30/
PLACE OF DEATH IN BALTIMORE, MAI	WLAND	A. USUAL RESIDENCE (Where deceased A. STATE B. COUNTY	lived. If institutions residence before admission
FULL NAME OF (II not in hospital of oddress or location) INSTITUTION	or institution, give street	1011111	nits, write RURAL and give township
Church Home	Ausni ful	D. STREET ADDRESS (If rural, give lo	ocotion)
25	/	3832 BA	vEST.
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (apecify)	B. DATE OF BIRTH 9. AGE (In lost birthdoy)	yeors If Under 1 Yr. It Under 24 F Months Days Hours Min.
A, USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ENGINEER		Por Pennyluan	1a 11.5 A.
langue L Holli	DAZ	MINNU SWIG	4
Was Deceased Ever in U. S. Armed Forces, na or unknown) (If yes, give war or dates	es? 16. SOCIAL	17. INFORMANT	ADDRESS
VCS W.W.T.	216-05-	7912 Mr Zara	Halledy
18 420.11		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR	ECTLY	ent huse carde as	laure
(This does not mean the made al heart lailure, asthenia, etc. It means			
injury or camplication which coused		defaction	
ANTECEDENT CAUSES	(B)	0 -	
DISEASES OR CONDITIONS, if or rise to the above cause (A)		clonary Thromb	er
UNDERLYING CONDITION last.	107		
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT	TED TO THE	/ II.	
	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF Y	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?
19A-DATE OF OPERATION 19B. CONE WAS PERF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (It office bldg., INJURY OCCUR?	in Boltimore City, give exact location)
21 D. TIME (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCU	R?
(APPROX.)	While At Not W		
22. I certify that (1) (this haspital)) attended the deceased fram	2-3-6-619	0 = 3-6-1 19
that (1) (we) last saw the decease	d alive an 2 3 . 6	and that in(my)	(aur) opinian death occurred an the
and have and from the causes state	ed abave. (1) (We) (dld) (did nat) view the bady after death.	
23A. SIGNATURE	4	``	23B. DATE SIGNED
May May pan	lay M.D.	Attending Med. Stoff Phys. Director Phys.	2.3.66
23C. PHYSICIAN'S NAME (Type)	· MA GOD AWM.	5. Hr Church 1 /s	me Huy
A. BURML CREMATION, 248. DATE	24C. NAME OF CEMETERY OF	CREMATORY 24D. LOCATION	(City, town, or county) (State
REMOVAL (Specify) 2/8/66	Scottsdale C	emetery scotts	dale, Pa.
	25B. NAME OF REGISTRAR	250 FUNERAL DIRECTO	OV 3 C A ADDRESS
FEB 7 1966 P. Loub	E. SaleyAA	Jeseph L Janner	w 2633 Kontilling 57
150-REV. 1/1/65			Dalt Imore, MG.

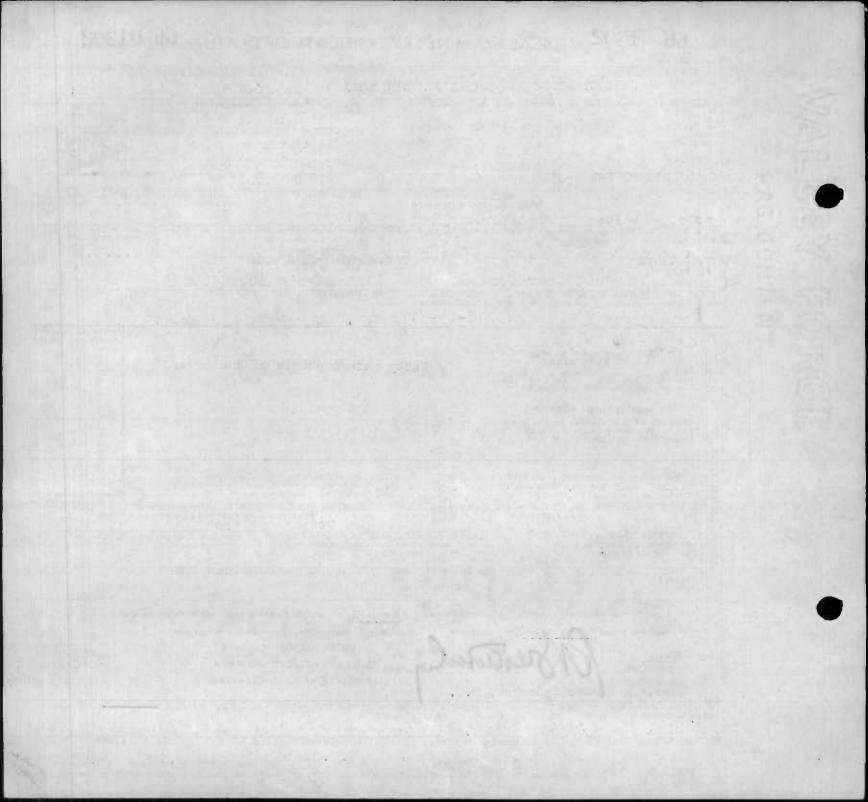


	24001	BALTIMORE CITY	HEALTH DEPARTMENT	1	
BIRTH M.E. C	NO. 66 01301	CERTIFICA	TE OF DEATH	Registered Na.	66 01301
1. NAA	AE OF DECEASED BESSTE P. M	1100	^	NO HOUR OF DEATH	133
3. PLA	CE OF DEATH IN BALTIMORE, MARYLAND	71/61	4. USUAL RESIDENCE Who	re deceased lived. If in	stitution: residence before admission)
HO	L NAME OF (If not in hospital or institution) Of Ton Hill Nu	A.	C. CITY OR TOWN (1) O. STREET ADDRESS	Paltimo	URAL ond give township)
90			83/3 W/	Ison Av	e
5. SEX	F W W	RIED, NEVER MARRIED OWED, DIVORCED (specify)	1119 4, 1670	9. AGE (In years last bind day)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
done de	SUAL OCCUPATION (Give kind of wark 108, RIN uring most of warking life, even if retired)	hBrush Frat	Parkton	Md	12. CITIZEN OF WHAT COUNTRY
	lohn B. Rosi	PY	ANNIA	W. Bak	er.
	s Deceased Ever in U. S. Armed Farces? o gunthown) (If yes, give war ar dates of serv	ice) 16. SOCIAL SECURITY NO.	THE INFORMANT	10 4124	Evesham Aye,
1B.	42,0,11	CAUSE 0	F DEATH	LUCY 135	INTERVAL BETWEEN ONSET AND DEATH
(T	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH his does not mean the made of dying,	e.g QUE TO	sonory Thrombaic		Jandil
he	eart failure, asthenio, etc. It means the dis- ijury ar complication which coused deeth.) ANTECEDENT CAUSES	ease, (B) arte	inscholis Akery	Diagno	2048690
ris		the (C)			, ,
ET	II OTHER SIGNIFICANT CONDITIONS CONTRIBI O THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
ERTIFIC.	A. DATE OF OPERATION 198, CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	INDINGS CONSIDERED ISES OF DEATH?
U 21	A. ACCIDENT WAS UNDERLYING AR CONTRIBUTING CAUSE OF EATH (natify medical examiner)	218. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact lacokon)
3 01	D. TIME (Month) (Doy) (Year) (Haur) FINJURY PPROX.)	21 E. INJURY OCCURRED While At Not While Work Not Wark	21F. HOW DID IN.	URY OCCUR?	
th	. I certify that 傳(this hospital) attend at 解(we) last saw the deceased alive ad haur and fram the causes stated abo	an Servery 3/	19 day and the	nat in (My) (aur) apin	nudy 3/ 19 4.
	A. SIGNATURE Stanling 3 Follow C. PHYSICIAN'S	Phy	ending Med. S. Director	Staff Phys.	TRE 1/1966
	STANLEY Z. FE STANLEY	М.О.	1129 E. Battim	ore ST BITG	mae 2, Md.
8	UNIA! 2/4/66	VISEDUYE (metery W	nite Hall	y, town, or county) (State)
25A. C	EB 7 1966 Colombia Es	ME OF REGISTRAR	250 FUNERAL DIRECTO	thus Toin)	Jour Freedom Car.
VS 150)-REV. 1/1/65		17	7	



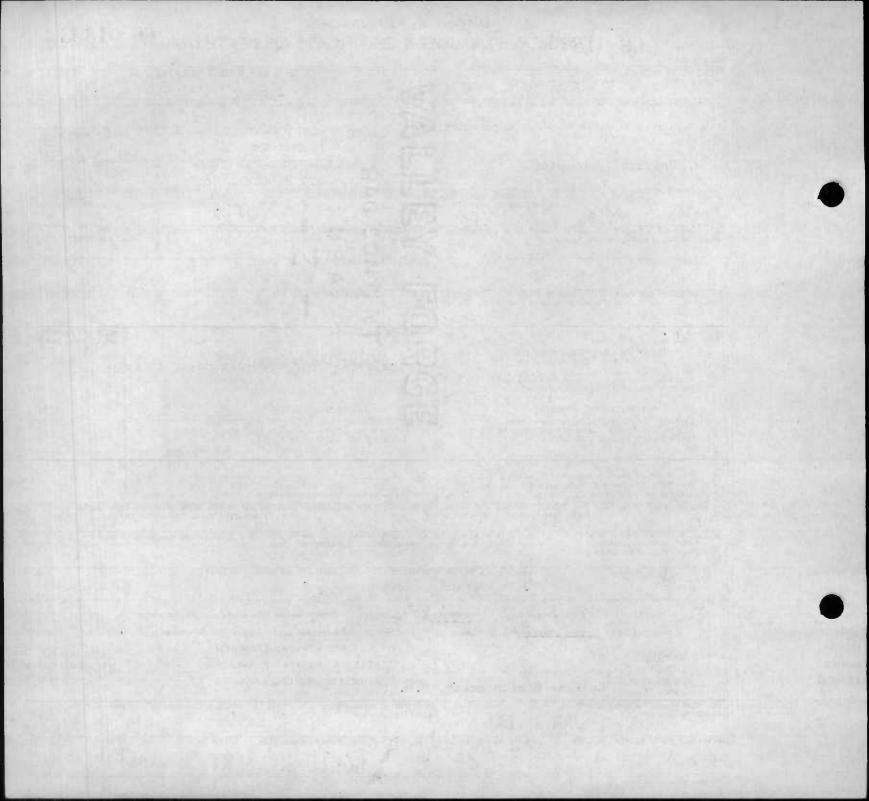
BALTIMORE	CITY	HEALTH	DEDA	DTMENIT

BIRT	H N66 (1302 MEDI		MINER'S CI			DEATH Registe	6 No. 131	32
-	CASE NO.								
(Typ	name OF DEC	JOHN CIERPIS	sz (Jo	hn M. Cep	res)		. 1966	ED DEAD	9:00 A
		IMORE MARYLAND, W	HERE PRONOUNCE	ED DEAD	I A. STATE	vland	deceased lived. If inst B. COU	itution: residence	before admission)
HO	L NAME OF	ADDRESS OR LOCA	AL OR INSTITUTION	N, GIVE STREET	C. CITY OR TOW		e corparate limits, write	RURAL ond gi	ve township)
6	() 419	S. Ann St.			D. STREET ADDR	S. Ann	•	√	
5. S	EX	6. RACE	7. MARRIED, NEV		8. DATE OF BIRTH	1	9. AGE (In years		t. If Under 24 Hrs.
m	nale	white	Never M		8/19/95		70	Months Doys	Hours Min.
10A	USUAL OCC	PATION (Give kind of work			1 -1 -1 /1 //		n country)	12. CITIZEN O	
	during most of v	vorking life, even if relired)	Gas & E	lectric	Maryl	and		U.S.	
13.1	ATHER'S NAM	NE .	raas a n		14. MOTHER'S MA	AIDEN NAM		0.0.	
		Michael Ci	erpisz		Anasta	sia L	ewandowski		
		D EVER IN U.S. ARMED		SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
1163	Yes	WW I		-05-5172	Mrc Coth	onino	Penczek.4	10 0	Assa Ct
	1B.	1.0			OF DEATH	errite	renczek, 4		Ann St. ERVAL BETWEEN
	DISEA	E OR CONDITION DI	DECTI V					ONS	SET AND DEATH
		LEADING TO DEATH		w Fatty	metamorph	osis of	the liver		
	heort failure,	ot mean the made of asthenia, etc. It means	the diseose,	DUE TO	.mccama.p.	y.y.z.yy.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	injury or con	mplication which coused	deoth.)			O.			
	DISEASES RISE TO TH	OR CONDITIONS, IF A	NY, GIVING	(B)	vaaaa				***************************************
z	UNDERLIII	NG CONDITION LAST.		(C)		**********			***********
2		ii ii				1 1 1 1 1 1			
CERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	LATED TO THE						
CERT	19A. DATE OF	OPERATION 19B. CON		CH OPERATION	yes		108. IF YES, WERE FILL IN CERTIFYING CAU		
O	UNDERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. PLA home, for etc.)	CE OF INJURY (e.g., m, foctory, street, o	in or obout 21C. W	HERE DID OCCUR?	If in Boltimore City, gi	ve exoct locotio	n)
Σ	21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Year	WHIL	NJURY OCCURRED	WHILE	OW DID INJU	IRY OCCUR?		
	22. 1 cer	ify that I held on I	m. WORK			that on thi	s bosis, death in n	ny opinion	
	resul	ted from: Notaral con	ses X Accid	dent Suicide	Homicie	de l	Indetermined monne	er 🗆	
		1/1/				EDICAL EX			
	ACTUA SIGNAT		Miller	uly M.D.	ASSISTANT ME	EDICAL EX	AMINER X		2-3-66
		Type) R. Breite	necker, M		ASSOCIATE M				
	BURIAL CRE		23C. N.	AME of CEMETERY o	CREMATORY	23 D. L	OCATION (City,	, teme, or county	y) (Stoto)
	Burial	2/7/66	St	Staniel	9110	Ro I	timono	Manaz	
244		BY HEALTH DEPT.	248, NAME OF	Stanisla REGISTRAR			timore,	Maryla	
	PT COT		0 701	7 44	M.F.SI	ADOWSK	I & SONS,	1808 EA	STERN AV
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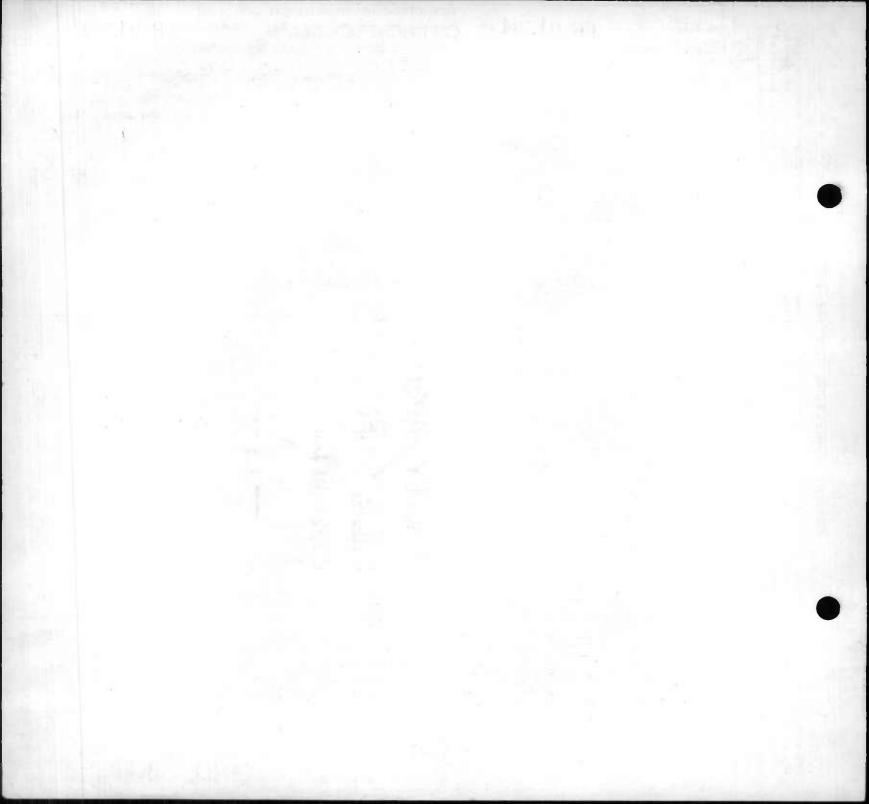
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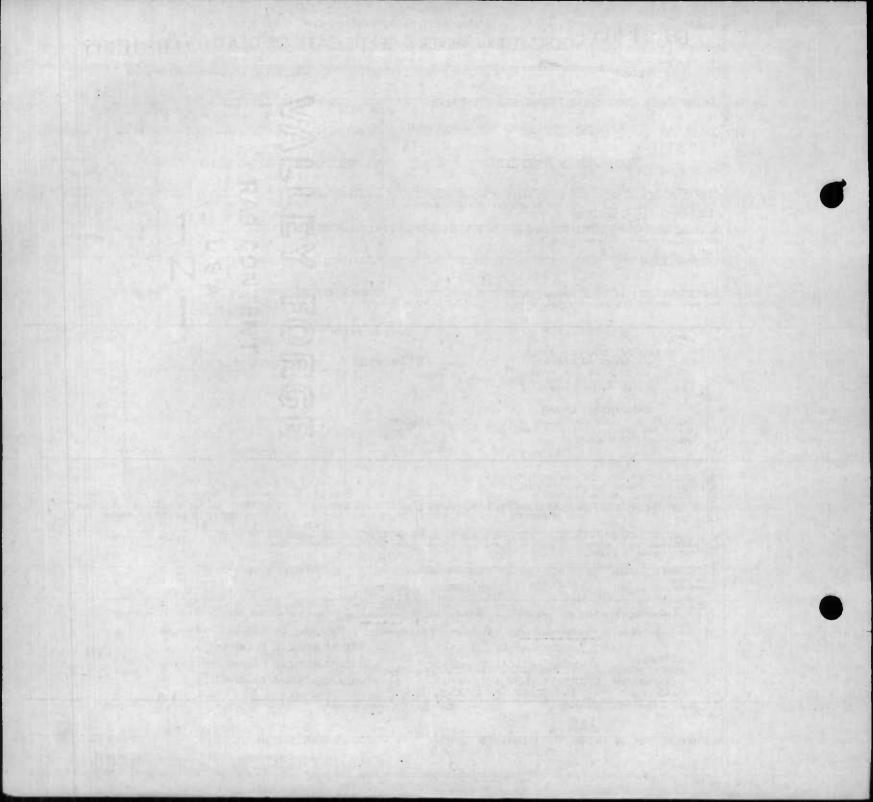
FUNERAL DIRECTOR: IMPORTANT

of death Deceased Such uo hospital death. attendance (2) cause canse; 2 0 prior contributing occurred disposition is made. determined regular deceased death = (4) Un Was the direct assistant death 0 kind; final attendance any pronounced OF embalmed of 10 fracture regular who are physician the remains chief medical medical burns; Was physician Body the 0 before (2) the where hospital ON nature; by obtained 9 approved (except and the any 2 pe of eath) hospital released must accident O 0 approval 0 prior certificate Was at An 4 eceased 0.0 the body written shows: SD 3 O

BALTIMORE CITY HEALTH DEPARTMENT 66 01304 Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) autside city limits, write RURAL D. STREET (Intural, give location) 5. SEX AGE (In year If Under 24 Hrs. 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. Months: Days Hours WIDOWED, DIVORCED (specify) 6 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working lite, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUB heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) (B) ANTECEDENT CAUSES DUE DISEASES OR CONDITIONS, if any, la the above cause (A) stating the UNDERLYING CONDITION last. 20.0 ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Ü 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examined etc.) MEDI 21 D. TIME (Month) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased from 6 that (1) (we) lost sow the deceased alive on ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 238, DATE SIGNED Attending Phys. Stoff M.D. Med. Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. 24A. BURIAL CREMATION. 24C. NAME of (Stote) REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGIST ADDRESS VS 150-REV. 1/1/65



BIRT	H NO.	MED	ICAL EX	KAMINER'S	CERTIFICAT	TE OF I	DEATH Register	ed No. 1915		
-	CASE NO.							A PART OF THE PART		
1. N	AME OF DEC		MON MERS	TONT	2. DATE AND HOUR PRONOUNCED DEAD					
3. PI	ACE IN BALT	IMORE, MARYLAND, V			January 19, 1966 5:00 P. M.					
				Maria Far	A. STATE Maryland					
HO:	NAME OF	ADDRESS OR LOC		UTION, GIVE STREET			e corporate limits, write	RURAL and give township)		
INST	ITUTION				Ba	1timore		53-00		
,	10	ST. AGNES	HOSPITAI		D. STREET ADDRESS (If rurol, give locotion)					
4					2115 Monumental Avenue					
5. SI		6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTI	Н	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys : Hours, Min.		
M	ale	White					86			
		JPATION (Give kind of wo	k TOB. KIND O	F BUSINESS OR INDUST	RY 11. SIRTHPLACE	State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?		
			N				· · · · · · · · · · · · · · · · · · ·			
13. F	ATHER'S NAM	IE (N			14. MOTHER'S MAIDEN NAME					
		O EYER IN U.S. ARME		16. SOCIAL SECURITY NO.	17. INFORMANT	2		ADDRESS		
	18.411	X		CAU	E OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
	DISEA	E OR CONDITION D		77.7						
	(This does a	LEADING TO DEAT		(M)	teral bron	chopneu	monia			
	heart failure,	osthenio, etc. It mean	s the discose,	DUE TO						
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO									
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.									
Z	ONDEREIN	TO GONDINON EASI.		(C)	***************************************					
12										
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE									
ERTIFICATION		R CONDITION CAUSIN		WINCH OPERATION		Parital				
Ü	DATE OF	OPERATION 198. CO	REPORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES					
A.	21 A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.	Ye		Yes	e exact location)		
O	UNDERLYING	OR CONTRIB-	home etc.)	e, form, factory, street,	office bldg., INJURY	OCCUR?				
	21 D TIME		or) (Hour) :	TIE, INJURY OCCURRED	215 H	ILNI DID WO	IBY OCCUP?			
1	OF INJURY	(Month) (Doy) (Ye				OW DID HAT	JRI OCCOR:			
			m.		WHILE WORK					
	22.	ify that I held on	Inquiry 🗌		artial utopsy x one	d that on th	s bosis, deoth in m	y apinion		
	resul	ted from: Notural co	uses X	Accident D Suici	de Homici	de 🗌 1	Indetermined manne	r 🗌		
					CHIEF M	EDICAL EX	AMINER -	SATE CIONES		
	SIGNAT		action)	Catin M.	D. ASSISTANT M	EDICAL EX	AMINER X	DATE SIGNED		
	EXAMIN	ER'S			ASSOCIATE M			1-20-66		
	NAME (Type) Ch		Petty, M.D.	THE BOLD		12 ; Kon 194			
	BURIAL CRE			C. NAME OF CEMETERY	or CREMATORY	23D. L	OCATION ICITY.	town, or county) (State)		
		JAN 7	1996	HMIVEP	CITY ME	TATE	SCHOOL			
24A	DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	A 24C. FUNER	AL DIRECTOR	, Delicut	ADDRESS		
	FEB 8	1966 G.C	5 E	C. C. Story L. P. M.	MORT	HARV	CERVICE	RCHD		
VS	151-REV. 1/1/	65	1 13 4		HUH	UAIL	SLAVILL.	. 0000		



	66-01806	BALTIMORE CIT	Y HEALTH DEPARTMENT							
BIRTH NO.	66 013	CERTIFICA	ATE OF DEATH	Registered Na.	66 01306					
M.E. CASE NO		30		ND HOUR OF DEATH	V					
Type or Print)		Margaret Tindall		ary 26, 196						
PLACE OF	DEATH IN BALTIMORE, MA	The same all the same and the s			nstitution: residence before odmi					
. TEACE OF	DEATH IN BACHMORE, MA		A. STATE B. COUN	ATY 1	astronon, residence before dum					
FULL NAM	E OF (II not in hospital	or instilution, give street	Maryland							
HOSPITAL O	N .		C. CITY OR TOWN (II ou	tside city limits, write	RURAL and give township)					
		t Hospital	D. STREET ADDRESS (If rurol, give location)							
20	1514 Div	ision Street								
21	Baltimor	e, Maryland	1710 Etting Street							
. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 2 Months; Doys Hours F							
Male	Negro	WIDOWED, DIVORCED (specify)	1-25-66	lost birthdoy)	Monms Doys Hours					
		108 KIND OF BUSINESS OR INDUSTI		ign country)	12. CITIZEN OF					
lone during mos	t of working lile, even if retired)		Maryland		WHAT COUNTRY?					
					U.S.A.					
3. FATHER'S	NAME		14. MOTHER'S MAIDEN NAME							
Ernes	t Carter		Margaret Tindall							
5. Wos Deceo	sed Ever in U. S. Armed Fo		17. INFORMANT ADDRESS							
Yes, no or unkn	own) (If yes, give wor or dot	es of service) SECURITY NO.								
18. 7/	0.5 1	CAUSE	OF DEATH		INTERVAL BETWEE					
	EASE OR CONDITION DI	RECTLY	// (.	, , , , , ,						
	LEADING TO DEATH	(A) 01.	Huse Subarne	2410 1/200	in kge					
	s not mean the mode at		V							
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)									
	ANTECEDENT CAUSES (B)									
DISEASES	DUE TO									
rise to the above cause (A) stating the (C)										
UNDERLY	ING CONDITION last.									
	11									
	GNIFICANT CONDITIONS (DEATH BUT NOT REL									
DISEASE	OR CONDITION CAUSING	IT.								
H 19A. DATE	OF OPERATION 198. CON	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	O) 20 B. IF YES, WERE	FINDINGS CONSIDERED					
	ne		Yes	Yes						
OR CONT	DENT WAS UNDERLYING TRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g.	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)					
DEATH (no	otify medical examiner)	etc.)		11						
Q 21D, TIME		(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJ	IURY OCCUR?						
S OF INJUR										
(APPROX)		Work L At Wo	rk 🗀							
22. I cert	22. I certify that (1) (this hospital) attended the deceased from January 25, 1966 to January 26, 1966									
		ed alive on January 26,		nat in (my) (our) on	inian death accurred on th					
23A, SIGN		and above. (1) (We) (did) (did not)	view the body after death.		238, DATE SIGNED					
230. 310N	/	· Make M.D. A	ttending Med.	Stoff						
1	man /		nys. Director	Phys.	January 27, 1					
23C. PHYSI	CIAN'S E (Type)		23D. ADDRESS		(3.4.1.1					
MAM	Dr. Vince	ant BlakeM.	rol514 Phylisic	A Street	LALD					
24A. BURIAL O		/-	IN SULTS IN LARLY COLUMN	CA	ity, togen, or county) (S					
	L (Specily) IAN 7	1955	TENCETTY MEN	ICAL SCH	(S					
	. B July 8 W. A.		BILL OF BEET WILLIAM	ILAL DUM	24 24 200					
SA. DATE RE	O/tit	111/12	A STADILL THOSE							
	C'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	R	D C LAOPRESS					
eren B	C'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	SERVICE	- BCHDPRESS					
5 150-REV.	C'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR MORTUARY	SERVICE	_ BCHIDPRESS					

Deffere Schnedowl Heroste.

mount R. Ploke

r if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased IMPORTANT the chief medical examiner FUNERAL DIRECTOR: by

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medical burns:

the body was released to the hospital

An accident of hospital

approved

BALTIMORE CITY HEALTH DEPARTMENT 66-01937 Registered No.66 (11307) BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Baby girl of Himie Thomas January 31, 1966 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission) (If not in haspitof or institution, give street Maryland FULL NAME OF HOSPITAL OR address or lacation) C. CITY OR TOWN (If outside city limits, write RURAL and give Provident Hospital Baltimore 1514 Division Street D. STREET ADDRESS (If rurol, give locotion) 1310 Lutaw Place Baltimore, Maryland 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. OATE OF BIRTH 9. AGE (In years If Under 1 Yr. Manths: Oays 11 Under 24 Hrs. WIDOWED. DIVORCEO (specify) Hours last hirthday Min. January 31,66 Female Negro 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Maryland U.S.A. 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME Unknown Minnie Thomas 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 1 6. SOCIAL (Yes, na ar unknown) (II yes, give wor or dotes of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN 62. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUF TO heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Maked Cerebral Congestion DISEASES OR CONDITIONS, if any, giving 1 da to the above cause (A) stating the UNDERLYING CONDITION Inst. Keipiraking Distress byedrome wik Focal Pulmoning OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED CERTIF 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF fNJURY (e.g., in or about 21C. WHERE DID hame, lorm, factory, street, affice bldg., INJURY OCCUR? (If in Boltimore City, give exact lacotion) OR CONTRIBUTING CAUSE OF DEATH (natily medical examined MEDIC (Hourl 21 D. TIME (Month) (Doy) (Year) 21 E INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from January 31, 196619 to January 31. that (1) (we) lost sow the deceased alive on January 19 66 31, ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A, SIGNATURE 238, OATE SIGNED Attending Med. Stoff Director L Phys. February 1, 23C. PHYSICIAN'S 230. ADORESS NAME (Type) Dr. Vincent Blake sion Street 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREMATORY 24D./LOCATION REMOVAL (Specify) DEC FUNERAL DIRECTOR 25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR AODRESS 1966 VS 150-REV. 1/1/65

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VS 150-REV, 1/1/65



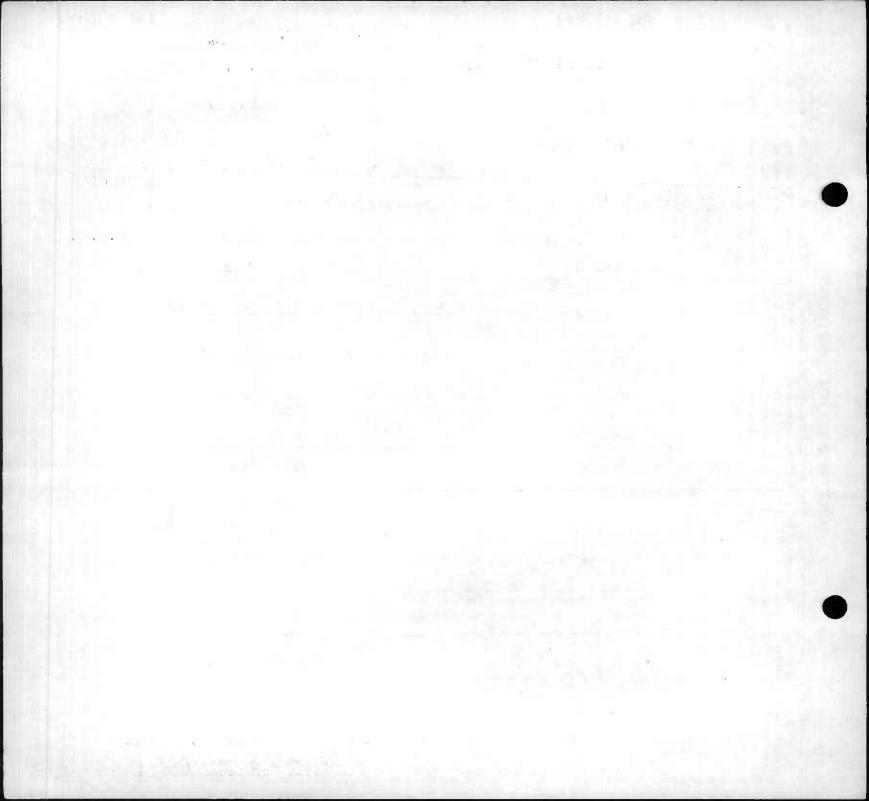
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death-shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance or deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Written approval must be obtained helper the remains are ambulmed as final discussion is made.

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D itulian, give street	A. STATE B. COUNTY Maryland Baltimore	
	Maryland Baltimore	institution; residence before admissia
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Avenue	C. CITY OR TOWN (If autside city limits, write	RURAL ond give township)
Avenue	Baltimore	
ALT CITUE	D. STREET ADDRESS (If rural, give location)	
	3701 Spaulding Ave	4
ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years tost birthday)	tf Under 1 Yr. tf Under 24 Hr Manths Days Haurs Min.
Vidowed	12/16/1885 80	
IND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
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	14. MOTHER'S MAIDEN NAME	U.D.A.
	Maria Wambach	
ll 6. SOCIAL		ADDRESS
SECURITY NO.		
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Ellsworth Armacost 4600 Liberty Heights VS 150-REV. 1/1/65



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	тн но. 66 01310	CERTIFICA	TE OF DEATH	Registered Na.	66 01310
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13.	Superintendent FATHERS NAME		Baltimore 14. MOTHER'S MAIDEN NA	MG.	U.S.A.
	George Brown		Fanni	e R. Whict	comb
		CIAL CURITY NO.	17. INFORMANT	C IC. WILLCE	ADDRESS
/es			Clara G. Brow	n 6714 Par	son Avenue
	18.00	CAUSE OF			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTED LEADING TO DEATH (This does not meon the mode of dying) e.g., heart foilure, osthenio, etc. It meons the disease.	(A)	(CVA)	2000-2000) 3 6 6 6 6 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0	14 HR
	heort foilure, osthenio, etc. Il meons the diseostriniury or complication which caused death.	OT BUD	HYPERTE	USIANI	2 12.0009
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O	19A. OATE OF OPERATION 198. CONDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE	FINDINGS CONSIDERED
RTIFIC	WAS PERFORMED		Mes	02 0	OSES OF DEATH!
CAL CERTIFIC	WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OR CONTRIBUTING CAUSE OF home. form.	OF INJURY (e.g., in , factory, street, aff	ar about 210 WHERE DID ice bldg., INJURY OCCUR?		e City, give exact location)
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	Y HEALTH DEPARTMENT	ee 01211
BIRTH NO. 66 01311 CERTIFICA	TE OF DEATH Registered No.	66 01311
M.E. CASE NO. I. NAME OF DECEASED	2, DATE AND HOUR OF DEATH	
62.0	ckinger) 2-6-66	7.20P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If in:	stitution: residence before odmission)
FULL NAME OF (If not in hospital or institution, give street	A. STATE B. COUNTY	But
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write R	URAL ond give township)
CATON & WILKENS AVENUE	BALTIMORE	53-6-0
ST. AGNES HOSPITAL	O. STREET ADDRESS (If rural, give location)	
BALTIMORE, MARYLAND	329 HARLEM LANE	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
F W NEVER MARRIED	2/14/1875 90 23	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Retired	11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE Milliner-Ret, Milliner Store-	York, Pa.	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Levi Flickinger	Mary Elizabeth Hesson	
15, Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown)(If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
UNKNOWN None None	ST AGNES HOSPITAL REC	ORDS
	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	mmorrhage	4-5 wks
heart failure, asthenio, etc. It meons the disease,	9	
injury or complication which caused death.) ANTECEDENT CAUSES (B) Du	odenal and Gastric Ulc	ers 4-5 + wks
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Z Bilateral	Bronchopneumonia Pulmonary Tuberculosi:	3 wks
	lerotic Cardio-Visc Disea	
	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE F	INDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO IN CERTIFYING CAL	ISES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	in or about 21 C. WHERE DID (If in Baltimore	City, give exact location)
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21D. TIME (Month) (Doy) IYear) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
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that (X (we) last sow the deceased alive an 2-6		
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23A. SIGNATURE	yrew the body differ decim.	23B. DATE SIGNED
M.D. Att	ending Med. Stoff	2/1/11
23C. PHYSICIAN'S	23 D. ADDRESS	2/6/66
WILLIAM E SIGNOR M.O.	OT ACMED HOCOLTAI	<i>t l</i>
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CR	EMATORY 24D. LOCATION ICIT	y, town, or county) (State)
Burial 2/9/66 Mt. Carmel Cemet	ery Littlestown, Ac	dams County, Pa.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR FEB 8 1966 Q. C. S. E. SOLLAND	25C. FUNERAL DIRECTOR	ADDRESS
VS 150-REV. 1/1/65	hame I bener	UNICIONALO BY

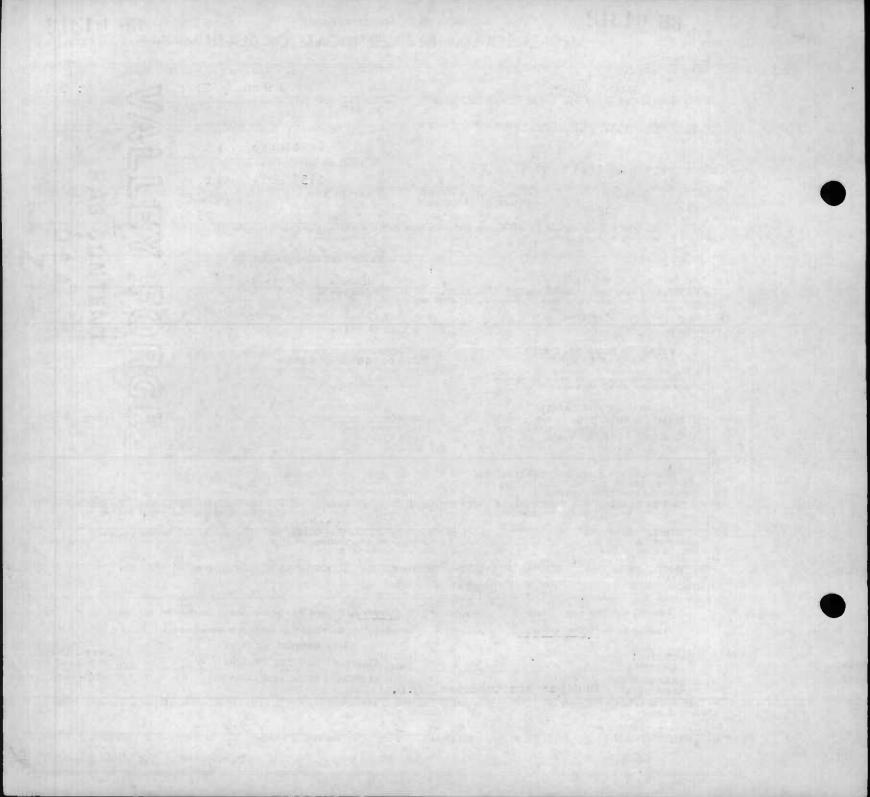
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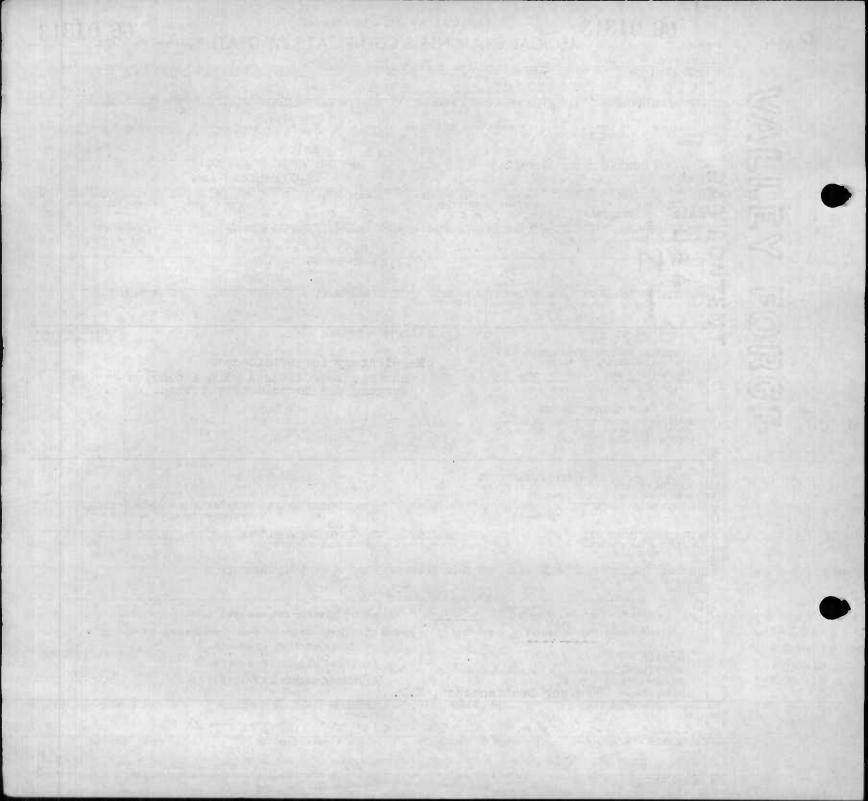
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3. P	LACE IN BALT			HERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admiss B. COUNTY					ni s sion)
HO!	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) STITUTION					C. CITY OR	Maryland TOWN (If outside) Baltimore	corporate limits, write	RURAL on	nd give township)
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Jn:	iversity	Hospit	al			D. SIKEEL A	2155 Holli			/	
5. S	EX	6. RACE	22.11.11	7. MARRIED, NEVER		B. DATE OF	BIRTH	9. AGE (In years		1 Yr. If Under	
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13.	ATHER'S NAM	NE.				14. MOTHER'S	MAIDEN NAME				-
	com v	10 NNS	n N			1050	LEE Se	071			
	WAS DECEASE					17. INFORMA	NT		ADDRESS		
Yes	, no or unknown)				URITY NO.	1		3866	1	done 8 4	7
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	18.	2.6 +			CAUSE	OF DEATH			7	ONSET AND D	
	DISEAS	SE OR COND		ECTLY	011	11	1 •				
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	injury or cor	mplication which	h coused (ieotn.)					110		
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CERTIFICATION	TO THE		NOT REL	CONTRIBUTING ATED TO THE IT.	***************************************						100 0 TO 0 M 0 TO
CERT				DITION FOR WHICH	OPERATION		11	B. IF YES, WERE FIN	ES OF DE		
AL	21 A. EXTERNA	L CAUSE WA	\$	21B. PLACE	OF INJURY (e.g.,	in or about 21		in Boltimare City, giv		cotion)	
O	UNDERLYING UTING CAU	OR CONTRIB-		home, form,	factory, street,	office bldg., INJ	JURY OCCUR?				
	21D TIME	(Month) (D	oy) (Yeor	(Hour) 21E. INJ	URY OCCURRED	211	F. HOW DID INJUR	Y OCCUR?			
ľ	OF INJURY (APPROX.)			m. WHILE A	NOT AT W	WHILE					
	22.	tify that I he	ld on li	aulry Inspe	ection Au	topsy X	ond that on this	basis, deoth in m	y opinior	1	
		ted from: No	0					determined manne			
	resui	Ted from: INC	oyuro, egi	Acciden	J Suicio				· 🗀		
	ACTUAL	1	1/1	7181. 7	, \		F MEDICAL EXA			DATE SIGN	ED
	SIGNAT			a as a	M.D		T MEDICAL EXA			0 /	
	EXAMIN		udigeı	Breiteneck	er, M.D.	ASSOCIAT	E MEDICAL EXA	MINER		2-4-6	56
	BURIAL CRE		DATE	23C. NAM	E OF CEMETERY	OF CREMATOR	23D. LO	CATION (City,	town, or o	county) (St	ote)
1	>	1	181	66 DA	ito 12.	ahons		Janes m	1		
244	. DATE REC'D	BY HEALTH	EPT.	248 NAME OF REG	ISTRAR	24C. FU	NERAL DIRECTOR	-1	A	DDRESS	
		FEB 8	1966	Below E.	Janker M. R.	The	ar how ?	po Dayro 6	381	1611 m	n y
146	202 Beld 2 /2 /	100									

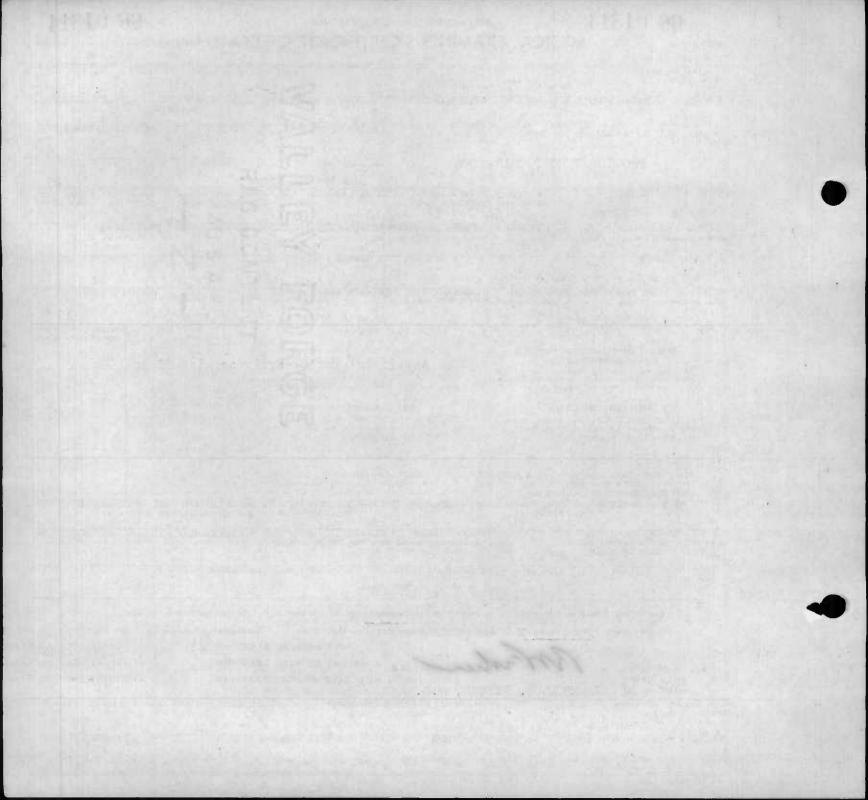


F. 460

66	01313	BALTIMORE CITY HEAL	TH DEPARTMENT		66 01313
BIRTH NO.		ICAL EXAMINER'S C	ERTIFICATE OF I	DEATH Registe	red No.
M.E. CASE NO.					
Type or Print		DOLA LD	2. DATE AN	D HOUR PRONOUNCE	ED DEAD
		FOWLER	Febru	ary 5, 1966	10:30 P M.
3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If insti	itution: residence before odmission)
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Maryland		DU DA
HOSPITAL OR	ADDRESS OR LOCA	(TION)	C. CITY OR TOWN (If outside		RURAL and give township)
- / T	Con Conoura II	lo : + -1	Baltimor		0
34	Bon Secours H	lospical	D. STREET ADDRESS (If rurol, 1802 Pen		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
male	negro	SINOLE Specify	7-9-1926	lost birthdoyl	Monms Doys Hours Min.
		TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	gn country)	12. CITIZEN OF
done during most of w	vorking lile, even if retired)	D.A.V.	Sparlan Long	5.C	WHAT COUNTRY?
3, FATHER'S NAM			14. MOTHER'S MAIDEN NAM	E	1404
FRA	VK Fow	LER	1 Fres to	sto	
S. WAS DECEASE	D EVER IN U.S. ARMED	FORCES? [16. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown)	Ilf yes, give wor or dote	s of service) SECURITY NO.	17 6 7	X/,	402 PENGOSE AS
465	wwil			Versus 10	DE TENJOSE A
18. 002	1 1	CAUSE	OF DEATH		ONSET AND DEATH
DISEAS	E OR CONDITION DE	RECTLY			
(This does n	ot meon the mode of		ratory insuffici		
heort foilure,	osthenio, etc. It meons	the disease, CILI	onic lung diseas gery due to pulm	e with exter	nsive thoracic
	NECCHIDENE CALLS		gery due to parm	onary cuber	cuiosis.
	NTECENDENT CAUSE OR CONDITIONS, IF A	(0)	***************************************		
RISE TO THI	E ABOVE CAUSE (A) ST				
	O CONDITION LAST.	(C)			•
OTHER SIGN TO THE DISEASE OR	II				
OTHER SIGN	NIFICANT CONDITIONS				
E DISEASE OF	DEATH BUT NOT REA CONDITION CAUSING		PH BB **********************************)	
19A. DATE OF	OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)		
0	WAS FER	rokm20	no	IN CERTIFYING CAUS	SES OF DEATH?
UNDERLYING		218. PLACE OF INJURY (e.g., home, form, foctory, street, c	office bidg. INJURY OCCUR?	If in Boltimore City, gi-	ve exoct location)
UTING CAU		etc.)	, and the state of		
Z 21D TIME	(Month) (Doy) (Year	Hour 21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)		WHILE AT NOT	WHILE [
22.		m. WORK LATW			
I cert	ify that I held on li	nquiry Inspection Aut	opsy ond that on thi	s basis, deoth in m	ny opinion
result	red from: Notural con	uses X Accident \ Suicid	e Homicide U	Indetermined monne	er _
			CHIEF MEDICAL EX	AMINER _	2177 (161152
SIGNATI		to cittle line man	ASSISTANT MEDICAL EX	AMINER XX	DATE SIGNED
EXAMIN) Crack and M.D.	ASSOCIATE MEDICAL EX		2-6-66
NAME (1	Type) Rudiger	Breitenecker, M/D.			
23A, BURIAL CREA		23C. NAME OF CEMETERY O	CREMATORY 23D. L	OCATION (City,	town, or county) (Stote)
Reactive	15 2/10/	66 Back no	tronal B	neto Ind	
24A. DATE REC'D	BY HEALTH DEPT.	24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS
	ere 0 4000	00 60 200 00	Da. C 1-2	11 170	16 51
	FEB 8 1966	BY S C' SOY STANK	Man gare p	1 tags 6301	noimon nel
VS 151-REV. 1/1/6	55				V



- 0100	66 01314 BALTIMORE CITY HEA	00 51011
5.200	MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.
	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
	EARL 7 SUGGS 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	2-6-66 11:45 P. M. [4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
		A. STATE Maryland
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	PROVIDENT HOSPITAL - DOA	Baltimore
	PROVIDENT HOSFITAL - DOA	D. STREET ADDRESS (If rurol, give locosion) 565 Moore Street
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs. Months, Days, Hours, Min.
	Male Colored widowed	6/17/1920 45 42
	done during most of working life. Son if retired	Barto mel
	13. FATHER'S NAME 6 GORGE Suggs	dillean watking
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	2. Minn WIST 1663 W. NORTH AVE
	18. CAUS	E OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ciosclerotic cardiovascular disease
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION WAS PERFORMED 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
	21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)	21F. HOW DID INJURY OCCUR?
	resulted fram: Natural causes X Accident Suicio	de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
	EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D.	ASSOCIATE MEDICAL EXAMINER 2-6-66
	23A. BURIAL CREMATION, 238. DATE 23C. NAME of CEMETERY Sund 2/11/66 Sutto	national Back mid
	FEB 8 1966 CALLE C. SCHOOL	Mangaw P Anys 638 n GIZMON
	VS 151-REV. 1/1/65	0 3 3



VS 150-REV. 1/1/65

					ITY HEALTH DEPARTMENT		
	110.	6 01315		CERTIFIC	ATE OF DEATH	Registered	No. 66 0131
1 N A	CASE NO.	SED			2. DATE	AND HOUR OF DE	ATH
(Туре	e or Print)	+ EDHEN	v 0.	YARRIS	1	EB 4.1	1966 10,60 If institution; residence before ad
3. PL	ACE OF DEATH	IN BACTIMORE, MA	ARYLAND	YARRIS	A. STATE B. CO	Where deceased lived.	If institution; residence before ad
	ULL NAME OF	(If not in hospital			mi		1603
H	OSPITAL OR	address or lacotic		,, g. to silves.	C. CITY OR TOWN (I	outside city limits, w	rite RURAL and give township)
					D. STREET ADDRESS	nert	
11	000.		~	C at			
4	931	NIMO	UNI	30-	951N.1	JOUNT J	
5. SE			WIDOW	/ED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Manths; Doys Hours
1	7	COL	ma	2215)	AUG. 20 - 8	9 76	
		king life, even if retired)		OF BOSINESS OK INDUST			12. CITIZEN OF WHAT COUNTRY?
	HAUFFE	un	MEA	TMARKET			U.S.A.
	ATHER'S NAME	. ,			14. MOTHER'S MAIDEN	NAME	
•	JAMO	3 140	na.	<i>S</i>	CAROLIA	,6	
15. W	Vas Deceased Ev	er in U. S. Armed Fa yes, give war ar dat	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	MD	yes, give wor ar our	es or service	SECURITY NO.	Fama d	- 1600	an Char
				CAUSE	OF DEATH	26 /41.0	INTERVAL BETWI
	LE. (This does not heart failure, ast injury or campli-	OR CONDITION DI ADING TO DEATH mean lhe made al lhenia, etc. II means calian which caused	l dying, e. s the diseas d death.)	g., (A) DUE TO	terioselevoticle	Terrischeros	Siere
	DISEASE (This does not heart failure, ast injury or campling AN DISEASES OR rise to the control of the control	OR CONDITION DI ADING TO DEATH mean lhe made al lhenia, etc. II means	l dying, e.s the diseas d death.) S	(B) (B) DUE TO	terioseleroticle eneralizeDar	Teriozoleroz	ONSET AND DE
ATION	DISEASE LE. (This does not heart failure, ast injury ar campling AN DISEASES OR rise to the UNDERLYING COTHER SIGNIFIC TO THE DEA	OR CONDITION DI ADING TO DEATH mean the made at thenia, etc. It means calian which causes TECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last. II ANT CONDITIONS TH BUT NOT REL ENDITION CAUSING	I dying, e, s the diseas d death.) S any, giving stating It of the diseas of the diseas of the disease of the	DUE TO DUE TO OTHER THE	eneralize DAr	teniseleros	24
ATION	DISEASE LE. (This does not heart failure, ast injury ar campling AN DISEASES OR rise to the UNDERLYING COTHER SIGNIFIC TO THE DEA	OR CONDITION DI ADING TO DEATH mean the made al thenia, etc. It means calian which causes TECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last. II ANT CONDITIONS TH BUT NOT REL SINDITION CAUSING PERATION 1798. COI	I dying, e, s the diseas d death.) S any, giving stating It of the diseas of the diseas of the disease of the	DUE TO	eneralize DAr	teniseleros	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
L CERTIFICATION	ODSEASE LE. (This does not heat failure, asl injury ar campling of the control o	OR CONDITION DI ADING TO DEATH mean The made al thenia, etc. It means calian which causes TECEDENT CAUSE: CONDITIONS, if abave cause (A) CONDITION Tast. ANT CONDITIONS TH BUT NOT REL ONDITION CAUSING PERATION 198. COI WAS PEI WAS UNDERLYING TO TABLE TO THE TABLE	I dying, e, s the diseas d death.) S any, giving stating II CONTRIBUTION FOR REPORMED 12.	ING THE R WHICH OPERATION THE PLACE OF INJURY (e.c.	eneralize DAr	No) 208, IF YES, WIN CERTIFYING	24
DICAL CERTIFICATION	OISEASE LE. (This does not heat failure, aslinjury ar campling of the control of	OR CONDITION DI ADING TO DEATH mean The made al thenia, etc. It means calian which causes TECEDENT CAUSE: CONDITIONS, if abave cause (A) CONDITION Tast. ANT CONDITIONS TH BUT NOT REL ONDITION CAUSING PERATION 198. COI WAS PEI WAS UNDERLYING TO TABLE TO THE TABLE	I dying, e, s the diseased death.) S any, giving stating II CONTRIBUTION TO IT. NOTION FOR TO REFORMED 2 h	ING THE R WHICH OPERATION CLB. PLACE OF INJURY (e.g. adme, form, factory, street, itc.)	eneralizes (Yes of Popular of the bldg., INJURY OCCU!	No) 208, IF YES, WIN CERTIFYING	TERE FINDINGS CONSIDERED CAUSES OF DEATH?

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BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD MARCIA CAROL HAMBURGER 2-6-66 5:55 P M. 4. USUAL RESIDENCE (Where deceosed lived, II institution, residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) INSTITUTION Baltimore D. STREET ADDRESS (If rurol, give location) LUTHERAN HOSPITAL 6604 Chellwood Road 9. AGE (In years lost birthdoy) 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 5. SEX 6. RACE If Under 1 Yr, II Under 24 Hrs, WIDOWED, DIVORCED(specify) Months Doys Hours 3/14/1951 NEVER MARRIED White Female 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF done during most of working life, even if retired)
STUDENT WHAT COUNTRY? BALTIMORE, MARYLAND SCHOOL 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME KATHERINE LEVINE COLEMAN HAMBURGER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 16. SO CIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. MR. COLEMAN HAMBURGER 6604 CHELLWOOD ROAD NO NO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Multiple traumatic injuries LEADING TO DEATH (This does not mean the mode of dying, e.g., heart lailure, asthensa, etc. It means the discoserinjury or complication which caused death.) ANTECENDENT CAUSES DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes of No) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) home, lorm, loctory, street, office bldg, INJURY OCCUR? EDICAL 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-Liberty Heights E. of Marmon Avenue Street Σ 21D TIME 21F. HOW DID INJURY OCCUR? 21E, INJURY OCCURRED (Month) (Yeor) 4 (Hgy) OF INJURY (APPROX.)

NOT WHILE Pedestrian struck by auto 22 Inspection X Autapsy I certify that I held an Inquiry and that an this basis, death in my apinian Accident Suicide resulted fram: Natural causes Hamicide ___ Undetermined manner CHIEF MEDICAL EXAMINER X DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 2-6-66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D. 23A. BURIAL CREMATION. 23C. NAME OF CEMETERY OF CREMATORY 23D. LOCATION (Stote) (City, town, or county) REMOVAL (Specify)
BURIAL CHIZUK AMUNO (ARLINGTON) BALTIMORE, MARYLAND 2/8/66 24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS SOL LETINSON & BROS. INC. 6010 REISTERSTOWN RD VS 151-REV, 1/1/65

SECTION I THEREDAY THEREIN CONTRACT LOAD PROFITABLE MARKET PROFITABLE OF

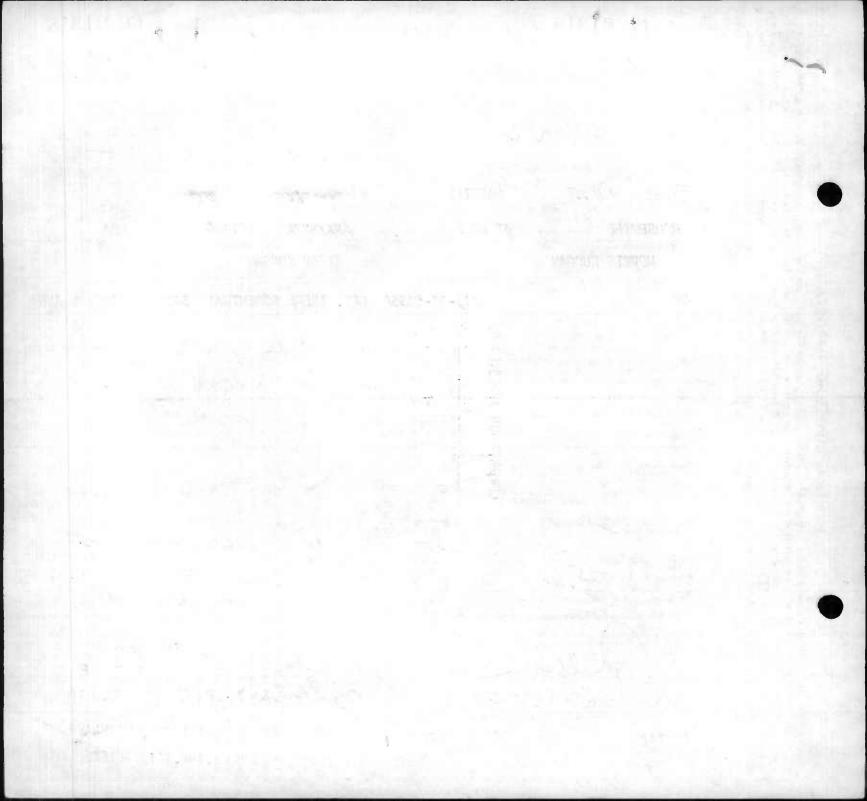
SOUTH THE PROPERTY AND ADDRESS AND ADDRESS AND

APPRO

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IMPORTANT DIRECTOR: FUNERAL

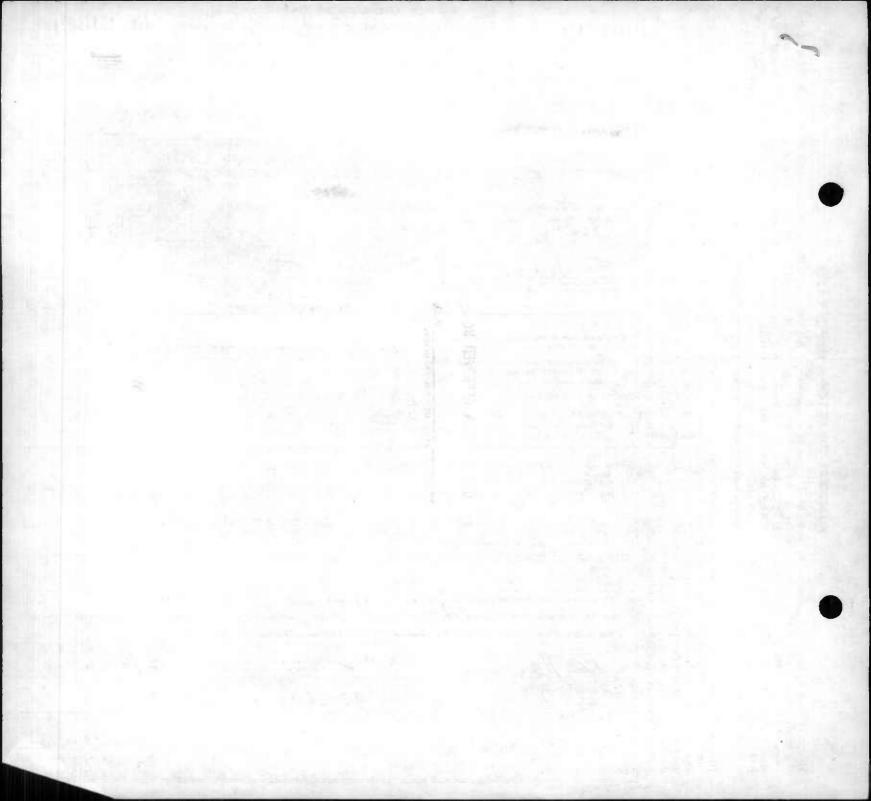
BALTIMORE CITY HEALTH DEPARTMENT 66 01318 Registered Na. CERTIFICATE OF DEATH BIRTH NO. RESIDENCE (Where deceased lived, If institutions/residence outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS 3409 WASHINGTON INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (aur) plnion death accurred an the date 23B. DATE SIGNED 25A. DATE REC'D BY HEALTH DEPT. SOL LEVINSON & BROS. INC. 6000 REISTERSTOWN PD VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

				BALTIMO	RE CITY HE	ALTH DEPARTMENT		00 0101
M.E.	CASE NOSE	01319		CERTI	FICATE	OF DEATH		
Тур	AME OF DECEASED	Culi	ner	, (Jac	le) J	9COB 2-1	4-66	1- PM M.
F	ULL NAME OF OSPITAL OR	((f not in hospital oddress or location	aı institutia		A.	Mcl B. CO	Valto	RURAL and give township)
4	2				D.	STREET ADDRESS	en PR. I	Drive gd A2
5. S	MALE	WhITE	WIDOV	EB, NEVER MARRIED VED, DIVORCED (SPE MARCHED	ecify)	APRIL 1915	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 His. Manths Days Haurs Min.
	during most of workin		10B. KIND	of Business OR IN	bilo.	REW Stole of	Verk	12. CITIZEN OF WHAT COUNTRY?
13. [ATHERS NAME	AF	BIR AM	Colinar		MOTHER'S MAIDEN	-MA ZE	MEL
5. V Yes	Vos Deceased Ever no oi unknawn) (If y	in U. S. Armed For es, give war or date	ces?	1 6. SOCIAL	5.	NFORMANT MI	PS DOROTHY C	CULINGADDRESS WARREN PARK SR. 29
ATION	LEAS (This does not medit foilure, osther injury or complice ANTE DISEASES OR Crise to the ob- UNDERLYING CO OTHER SIGNIFICATION THE DEATH	R CONDITION DIED TO DEATH LEON THE MODE OF STREET CAUSES CONDITIONS, if STREET CAUSES CONDITION TO SELECTION OF SELECTION	dying, e. the diseoute deoth.) ony, giving light story and the total story are the total story and the total story are total	INCATION APPROVED BY	Qui	e Coron	any Or Clu	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION			DITION FO	R WHOOH OPERATIO	N	20 A. AUTOPSY? (Yes a		E FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	21 A. ACCIDENT W OR CONTRIBUTING DEATH (natify medi	CAUSE OF	1	21B. PLACE OF INJU name, form, factory, etc.)	RY (e.g., in ar street, affice	obout 21 C. WHERE DIC bldg., INJURY OCCUR	((f in Baltimo	ore City, give exact lacotion)
	21D. TIME (Mo	nth) (Day) (Year)			RED Not While	21F. HOW DID	INJURY OCCUR?	
	and hour ond from 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	sow the decease In the causes sto ALD TOWNER EDWARD ON, 1248, DATE	ace	. (I) (We) (did) (did	D. Attendin Phys.	Med. Director Darks	Staff Phys. C	23B, DATE SIGNED 2-14/66 BALTIMOKE 7 M & Sty, lown, or county) (Stote)
25A	BURIAL.	2/6/6 HEALTH DEPT.	6 0	Sudniches T	Woliner	Dependent -	Siciety Da	Ulmoje, Mayland
15	FEE	3 8 1965	Gecker	D C. Jak	ANTINA O	Al Levens	a & GKB. In	2. 6010 Cester

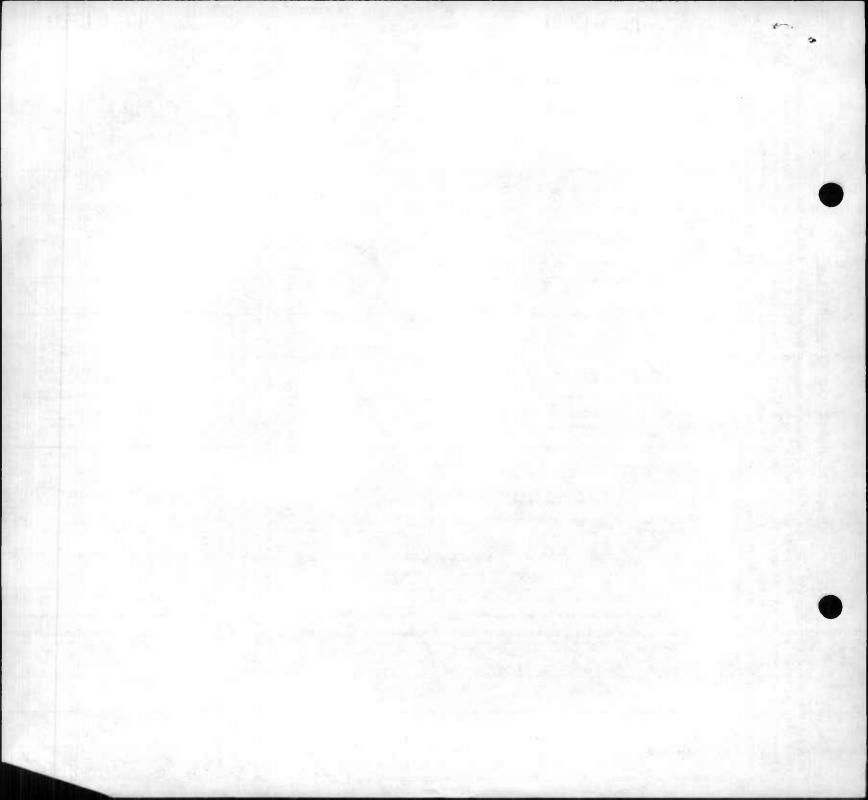


FUNERAL DIRECTOR: IMPORTANT

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1000	BALTIMORE CITY HEALTH DEPARTMENT	00 01200
BIRTH NO. 66 01320	CERTIFICATE OF DEATH Registered No.	66 01320
M.E. CASE NO.	2. DATE AND HOUR DEATH	~ 30
(Type or Print) GLASS/	MAN, SIMON 2/6/66	5 30 A.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. USUAL RESIDENCE (Whore docoosed lived, If instit	ution: residence before admission)
FULL NAME OF (If not in hospital or instit HDSPITAL DR oddress or location)	ution, give street MD BALTIMO C. CITY OR TOWN (If outside city limits, write RUB	RAL and give township)
425INAI HOSPITA	LOF BALTIMORE D. STREET ADDRESS (If rurol, give locotion) 4008 GIENGS	LE AUE
5. SEX Ale 6. RACE White 7. MA		If Under 1 Yr. If Under 24 His. Norths Doys Hours Min.
ida, USUAL OCCUPATION (Give kind of work 108, KII done during) most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country)	12. CITIZEN OF
Real estate	copuetor RUSSIA	7517
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
1 Deniamin all	craman Mary	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or ynkhown)(If yos, give wor or doles of so	vico) 16. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS and
no	Mie Esther Glassman -	4008 Slimulo
18. 4/ 30. /	CAUSE OF DEATH	INTERVAL BEZWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ha / 1 5 6 /	ONSEL AND DEATH
(This does not mean the made of dying,	e.a. Due TD	5 days
heart failure, asthenia, etc. It means the di- injury or complication which caused death.	seose,	2
ANTECEDENT CAUSES	(B) /7 S C V I)	*
DISEASES OR CONDITIONS, if any,	DUE TD '	
rise to the above couse (A) stating		AA
ONDEREING CONDITION 1051.		
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH DEATH OF STATE OF CONDITION CAUSING TO		
A DISEASE OR CONDITION CAUSING II.		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUSI	DINGS CONSIDERED ES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	21B. PLACE OF INJURY (o.g., in or obout 21C. WHERE DID (If in Boltimore C	ily, givo exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinar)	home, form, foctory, slieet, office bldg., INJURY OCCUR?	my, ground loconom
0	21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY (APPRDX.) OF INJURY	While At Not While	
	Work L At Work L	
22. I certify that (I) (this hospital) attended		19
that (I) (we) lost sow the deceased aliv		in death occurred an the date
23A. SIGNATURE	ove. (I) (Me) (did (did wer) view the body ofter deoth.	B. DATE SIGNED
VOA -	M.D. Attending Mod. Stoff	2/4
23C.PHYSICIAN'S	Phys. Diroctor Phys.	
23C.PHYSICIAN'S NAME (Type)	(1 M MO FIL M.D. SINIA 1 1/052	, TM
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City,	town, or county) (Stote)
SEMOVAL (Specify)	Angle man of the median	o MA
25A, DATE REC'D BY HEALTH DEPT. 25B, N	AME OF REGISTRAR 25C. FUNERAC DIRECTOR	ADDRESS
CED 9 1000 A C	to a stale All a della dan of the	Le - GOLD K
LED O 1200 (A'Y	and a land of a land	L ageo



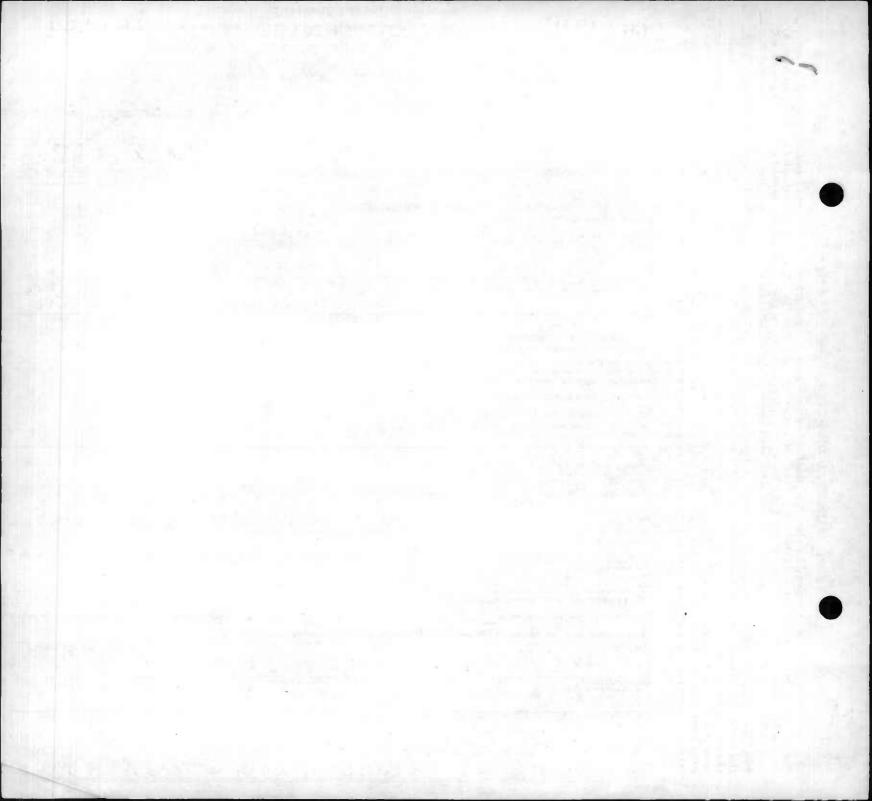
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

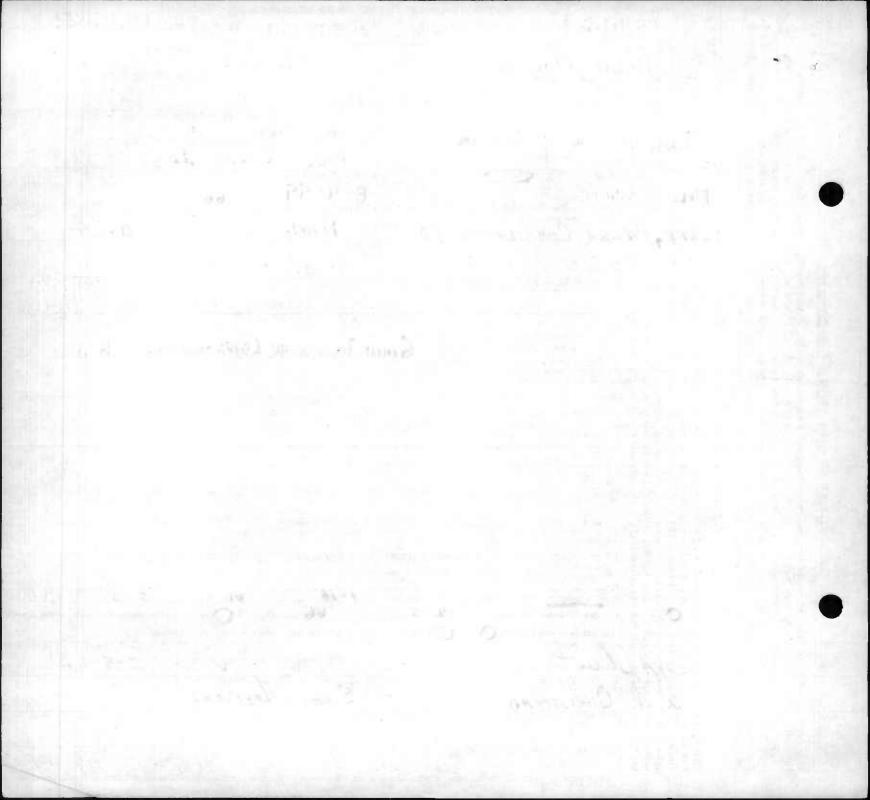
CEDTI	ICICA	TEO	F DEA	TH
CEKI	IFICA	ILLO	L DEN	

	ATE OF DEATH Registered No.	66 01321
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) RECEA BLUM	2. DATE, AND HOUR OF DEATH	(~ys
(Type or Print) REBECCA BLUM	2/5/66 11-	PM M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If is	stitution; residence before admission)
FULL NAME OF (If not in hospital or institution, give street	maruland	2-7-17
HOSPITAL OR oddress or locotion) INSTITUTION SINAT HOSPITAL	C. CRY OR TOWN (If outside city limits, write	RURAL and give tawnship)
SINHT HOSPILME	1 datemore	
112	D. STREET ADDRESS (If rurol, give ocotion)	0. 6011.
45		here are
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	Months Doys Hours Min,
Fimale Waite Wickow	Dec 25, 1890 73	
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSTNESS OR INDUSTRY done during most of working lile, even if settred)	//	12. CITIZEN OF WHAT COUNTRY?
Houselife at Home	Musea	71.54
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
meter Dand Meyers	Thomas Desero	
15. Was Deceased Ever in U. S. Armed Farces?	17. INFORMANT	ADDRESS MAR
(Yes, peror unknown) (If yes, give wor or dotes of service) SECURITY NO.	bu mollye mandy - 38	2W. Coalla
1B. // 2 A L CAUSE C	OF DEATH	INTERVALBETWEEN
17 32.		ONSET AND DEATH
LEADING TO DEATH	CEBRAL THROMBOSIS	1 WEEK
heart lailure, asthenia, etc. 11 means the disease.		
injury ar camplication which coused death,)	ERIO SCLEROTIC C V.D	
ANTECEDENT CAUSES (B) DUE TO	**************************************	
DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the		
UNDERLYING CONDITION last.		
1		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,		e City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, (DEATH (notify medical examiner)	office bldg., INJURY OCCUR?	o chi, gra chack lacalidin
U	OLE HOW DID INJURY OF CHIEF	
S OF INJURY	21F. HOW DID INJURY OCCUR?	
(APPROX.) Work At Work		,
22. I certify tho (1) (this hospital) attended the deceased from	/ /	2/5 1966.
that (1) (we) last sow the deceased alive on	19 66 and that in my (our) opi	nion death occurred on the date
and hour and from the couses stated above (1) (Me) (did) (Midmet)	view the body ofter deoth.	
23A. SIGNATURE		23B. DATE SIGNED
Phi	ys. Med. Stoff Phys.	46/66
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS BACK KEIGH	TS AVE
BERNARD R. SHOCKET, M.J. M.D.	BALTIMORE - 15	Md.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMETERY OF	REMATORY 24D. LOCATION (C	ily, town, or county) (Stote)
12enal Feb 7/66 dehour la	um Den Woodlaw	n Me
DATE DATE DESCRIPTION OF THE PROPERTY OF THE P	Chrosen Transfer of Control	



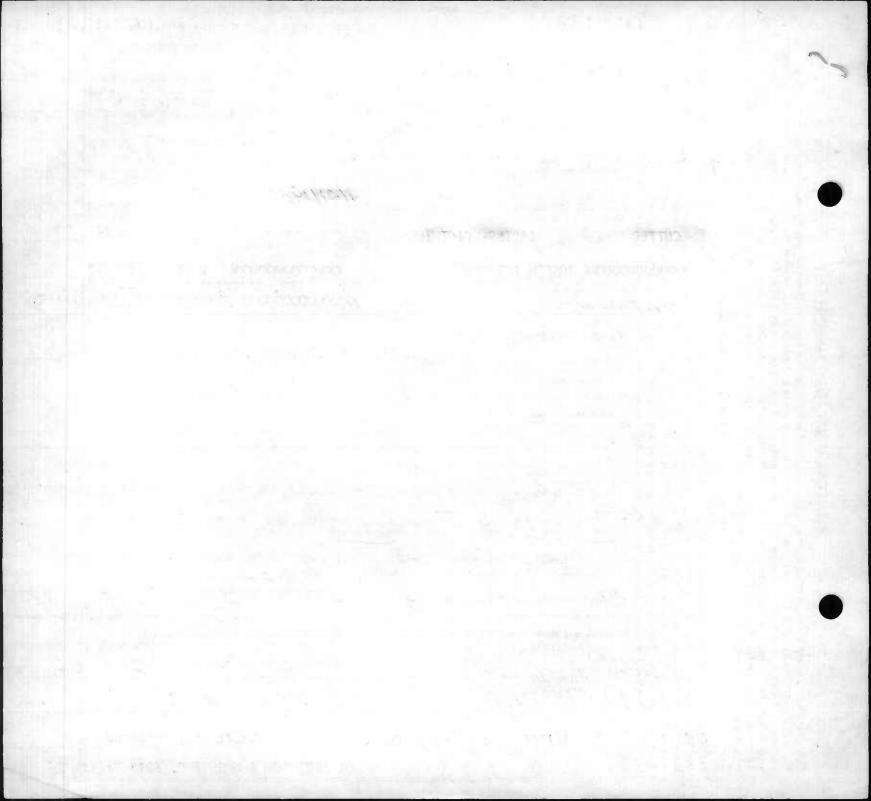
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	BALTIMORE CITY	HEALTH DEPARTMENT		00 01200
вити но. 66 01322	CERTIFICA	TE OF DEATH	Registered No.	66 01322
M.E. CASE NO.		2. DATE AN	ID HOUR OF DEATH	20
Type or Print MACHT MORT	ON	2-5	1-66	4 30 M
PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (When		titution; residence before admission)
FULL NAME OF (If not in hospital or in	stitution, give street	MD.	15	27-20
HOSPITAL OR address or lacotion)	^	C. CITY OR TOWN (If out	tside city limits, write RU	JRAL and give township)
Sing HASPITAL OF	PACTIMORE	D. STREET ADDRESS OF HE	rugi, picer location)	2161 P. 1. 14
2 1		PARK Tou	SERS APTS	5. The One His
MALE WHITE	MARRIED NEVER MARRIED MODOWED, DIVORCED (specify)	8-9-99	66	If Under 1 Yr. II Under 24 Hrs. Months Doys Haurs Min.
DA. USUAL OCCUPATION (Give kind of work 10 B. one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
WNER WELSH CONS	TEMETION CO.	MENN, U	hela.	U.S.A-
FATHERS NAME	121+	14. MOTHER'S MAIDEN NA	XIE	
Tate Mulip //	uch	Sarah &	ong	2 1 2 2
Was Deceased Ever in U. S. Armed Forces? s,na ar unknown) (If yes, give war ar dates af	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADD 1881 909
no	n	ies Jophia M	acht-716	21 Jaila Hts One
18. 202,01	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	LY	I- In	UNIDALO PLACE	
(This does not mean the mode of dying	ng, e.g., DUE TO	NT toucal AR a	YHPHOBLASTON	11 6 yes.
heart foilure, osthenio, etc. It meons the injury or camplication which caused dea				
ANTECEDENT CAUSES	(B)	1.00 n.v. 1		************************************
DISEASES OR CONDITIONS, if ony,				
rise to the above couse (A) state UNDERLYING CONDITION tost.	ing The (C)		• • • • • • • • • • • • • • • • • • •	
11				
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED	RIBUTING			200
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 198. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimare	City, give exact location)
1 OF INITION	our) 21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not Whi			
22. I certify that (1) (this hospital) att	rended the deceased from	1-18	19 66 ta	2-5 19 66
that (1)(we) last saw the deceased al	0 -	, ,		ian death accurred an the date
and have and from the causes stated o				
23A. SIGNATURE				23B. DATE SIGNED
2A. Christina	M.D. Att	ending Med. Director	Stoff Phys.	2-5-66
23C. PHYSICIAN'S		23D. ADDRESS		
W. A. CHRISTIYA	4.5 M.D.	SINAI HE	SPITAL	
A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D	OCATION (City.	, town, at county) (State)
DUMNE Feb > //de	Church Um	uno 18	allenno	Md.
5A. DATE REC'D BY HEALTH DEPT. 258.	NAME OF DEGISTRAR	25C. FUNERAL DIRECTOR	B 220	ADDRESS
FEB 8 1966 (P. J.	Prest E. Jally Mill	alzeurson	ralles-	- 6010 Rest da
/S 150-REV. 1/1/65		7/1-		



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00.04200	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 66 01323 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	00 02000
Type or Print Dayle 7	Fribuch	2. DATE AND	66	2 000 p
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	110000	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If i	nstitution: residence before admission
FULL NAME OF (If not in hospital or instituti	ion, give street	Maryland	Balt	more
HOSPITAL OR INSTITUTION Hospital of B	altimore la	C. CITY OR TOWN (If outs	ide city limits, write	RURAL ond give township)
^		D. STREET ADDRESS (If re	urol, give location)	4-1-
42 Belvedere and	oreenspring th	F3118 Banc	croft R	ed.
M/ WIDO	NED, NEVER MARRIED (Specify)	B. DATE OF RIRTH 1901	ost birthdgy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KINE done during most of working life, even if relired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
CUTTER PEA LADI	ES CLOTHING	Bo Hunere	Hd.	U.SA.
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	NE.	
5. Was Deceased Ever in U. S. Armed Forces?		BXXXXXXXXXXXXX		
(Yes, no or unknown) (If yes, give wor or doles of servi	ce) 16. SOCIAL SECURITY NO. UN KNOWN.	17. INFORMANT MRS. BE	ATRICE FRI	BUSHASAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
1B. // 20. / 1	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	^	1-4-4	2:01.0	
(This does not mean the mode of dying,	e.g., DUE TO	cute Myocard	nan Intan	ton Thous
hearl failure, asthenia, etc. It means the dise	ose,		/	lardisease 20 year
ANTECEDENT CAUSES	(8) Chron	nic Arterioseler	otic Vascu	lardisease 20 year
DISEASES OR CONDITIONS, if ony, give	Ving DUE TO			
rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	the (C)	MANAA AAAA OO		
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
194. DATE OF OPERATION 198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	n or obout 21 C. WHERE DID injury OCCUR?	(If in Boltimo	re City, give exact location)
OF INJURY (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	While At Not While At Work			
22. I certify that (1) this hospital) attended	ed the deceased fram	2-5 1	66 10	2-5 1966
tha (1) we) last saw the deceased alive	an 2-5-6	6 19 and tha	t (my) (aur) ap	Inian death accurred an the de
and hour and from the causes stated above	e. (1) (We) (did) (did not) v			
23A. SIGNATURE	2			23B. DATE SIGNED
Stawer & Ble	M.D. Atte	nding Med. Director	hy s.	25-66
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
Stanley L Blu	M.D.	same as	# 3	
24A. BURIAL CREMATION 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION	ity, town, or county) (Stote)
BURIAL Feb 6/1966	Bnai Israel Con		altimore,	
INCOME OF THE PARTY OF THE PART	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	2200 7110	ADDRESS
1000 (417403)	B. C. Stalley B.A.	SOL LEVINSON 8	BRUS INC.	6010 Reist Rd
VS 150-REV. 1/1/65	13 (3 (3)			



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	00 01201	BALTIMORE CI	TY HEALTH DEPARTMENT	6	36 01204
BIRTH NO	SE NO.	CERTIFIC	ATE OF DEATH	Kegistered No.	66 01324
(Type or	(Say von		EdoRu) 28	Jan 1966	7:10 P M
FULL		or institution, give street	Maryland B. COUNTY	127	tion; residence before odmission)
HOSPITAL OR INSTITUTION address or locotion) 12 Smai Hospital of Beltimore			Beltimore D. STREET ADDRESS (If rural, give lacation)		
42			3731 10101	ane	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	23 Oct 1891 1°	74	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
	AL OCCUPATION (Give kind of working mast of warking life, even if retired)	108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or lareign	cauntry)	2. CITIZEN OF WHAT COUNTRY?
3. FATH	ER'S NAME		14. MOTHER'S MAIDEN NAME		
	Deceased Ever in U. S. Armed Far Trunknawn) (If yes, give war ar date		17. INFORMANT	704.7	ADDRESS
18.	4/201	CAUSE	OF DEATH	Keases	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIE	RECTLY	Acute Myecardi	al Infarction	
hear	s does not mean the mode of it failure, asthenia, etc. It meons by or complication which caused	the disease		and the same of th	
,5	ANTECEDENT CAUSES	(B) DUE TO	Herroscherotic Cardio	Vas Culor Lisea	
rise	EASES OR CONDITIONS, if to the above cause (A) DERLYING CONDITION lost,				
≥ TO	HER SIGNIFICANT CONDITIONS CONTINUE THE DEATH BUT NOT RELATED OF CONDITION CAUSING I	ATED TO THE PARAMETER	su las astoriescles	loves and in pe	Mainice
	DATE OF OPERATION 198. CON	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes at No)		INGS CONSIDERED
U 21 A.	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g hame, larm, factory, street, etc.)	office bldg, INJURY OCCUR?	(If in Baltimare Ci	ty, give exact lacotian)
21D. OF I	TIME (Month) (Day) (Year) NJURY PROX.)	(Hour) 21E INJURY OCCURRED White At Work At Wo		Y OCCUR?	
	, , , , , , , , , , , , , , , , , , , ,	l) attended the deceased fram			8 Jan 19 66
	(I) (we) last saw the decease			in(my) (our) apinion	n death accurred on the date
	SIGNATURE	ted abave. (I) (We) (did) (did nat) view the bady after death.	23	B, DATE SIGNED
	Selemen 10	36L. M.D.		off ys.	28 Jan 1966
23C.	PHYSICIAN'S NAME (Type) Solomon	Robbins M.	D. Sinai Haspita	al Ba	Himore, Md.
B CA	RIAL CREMATION, 248. DATE MOVAL (Specify) 2-5-6	St. Hasking	CREMATORY 24D. LOG	ATION (City,	lawn, or county) 15tote)
25A. DA	TE REC'D BY HEALTH DEPT.	25B, NAME OF REGISTRAN	25C. PUNERAL DIRECTOR	Daine	ADDRESS
VS 150-F	FEB 8 1966 (P. P. B. E. Forfuna	Jave 1 Sa	verolf 11/2	W. North Har
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	certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	body was released to the hospital by a medical examiner. Also, it the direct of contributing cause of death ws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased<	D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	eased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such $^{\prime}$	
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REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT.

Burial

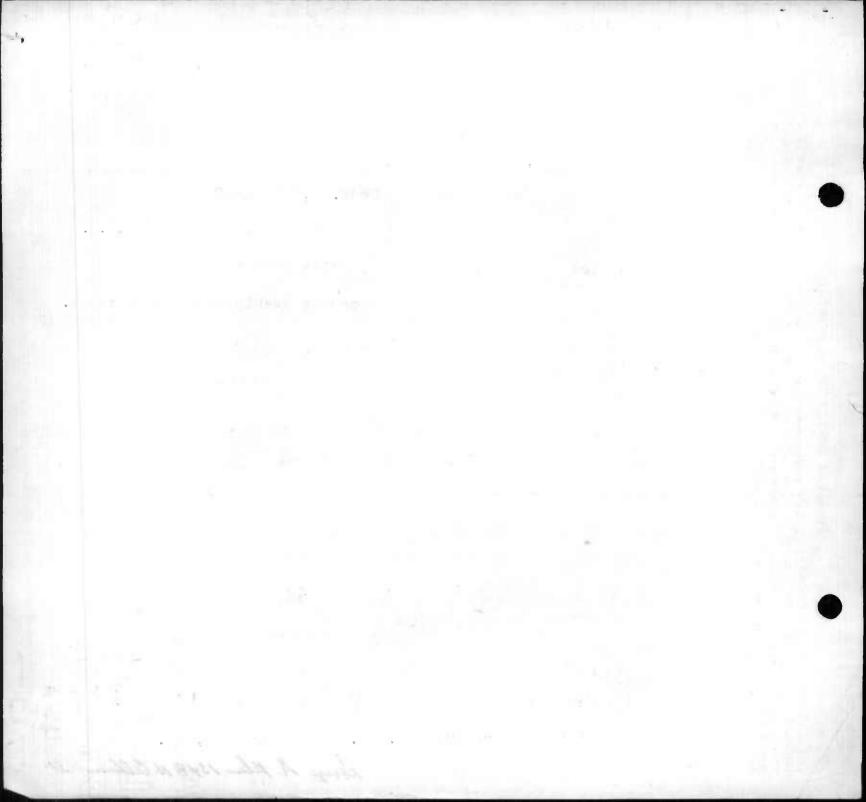
VS 150-REV. 1/1/65

2/9/66

258. NAME OF REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT 66 01325 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) February 5, 1966 7:30 A Elizabeth Rice 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission) A. STATE B. COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Provident Hospital Baltimore 1514 Division Street D. STREET ADDRESS (If rurol, give location) 623 Brice Street Baltimore, Maryland 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Und Months Doys Hours If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoys Negro Sept. 8,1913 Female Never Married 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stephen Rice Julia Thompson 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Dorothy Washington 623 Brice St. No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (NO + CO) tes 13 ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (MGESTO) TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or Net 208. IF YES, WERE FINDINGS CONSIDERED CERTIF WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) DEATH (notify medical examine) etc.) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) At Work 22. I certify that (I) (this haspital) attended the deceased from that (1) (we) last sow the deceased alive on...19 ...and that in(my) (aur) apinion death occurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238, DATE SIGNED moon Attending M.D. Med. Phys. Director L 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY

Arbutus Mem. Pk. Arbutus, Md. 25C. FONERAL DIRECTOR



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased attendance on the 0 This certificate must be approved by the chief medical examiner or his assistant if death occurred in prior was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

Such

death.

a hospital and

	0	0.01200		BALTIMORE CITY	HEALTH DEPARTMENT		00 04000
		6 01326		CERTIFICA	TE OF DEATH	Registered N	··66_01326
, N	AME OF DECE	ASED			2. DATE	AND HOUR OF DEA	тн
Typ	pe or Print)	Phillip 1	Davis		Fe	bruary 5, I	1966 2:35 PM
. F	LACE OF DEA	TH IN BALTIM	ARYLAND		4. USUAL RESIDENCE	Where deceased lived, I	Il institution: residence belore admission)
- 1	FULL NAME OF HOSPITAL OR NSTITUTION	address or laca	tion)			outside city limits, wri	ite RURAL ond give Township)
1	1	Provide			Baltimore	<i>iii</i> 1 1	
-	9	1514 Di			D. STREET ADDRESS	(If rurol, give location)	
-	EX	Baltimo:		D, NEVER MARRIED	504 Sanfor	9. AGE (In years	[W H = 1 2 V = 11 11 1 1 2 2 4 1 1
	ale	Negro	WIDOW	ED, DIVORCED (specily) Arried	8-1-98	lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min,
		PATION (Give kind of working life, even if retire		OF BUSINESS OR INDUSTRY	Anne arund		12. CITIZEN OF WHAT COUNTRY? U.S.A.
3.	FATHER'S NAM	VE.			14. MOTHER'S MAIDEN		373 111
	Char	les Da	015			Creek	
5. 1	Was Deceased	Ever in U. S. Armed	Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
. 63	NA	til yes, give wor or o	oles of service	212-07-4551	Rette Day	5 504 5	CENTOID Pl.
	(This does not heart failure, injury or company of the DISEASES Orise to the	EOR CONDITION LEADING TO DEAT of mean the mode osthenia, etc. Il mea plication which caus INTECEDENT CAUS R CONDITIONS, above couse (/ i CONDITION last.	of dying, e.g. ons the diseas ed death.) SES fony, givin	(8) DUE TO	A Zole	ohy ha mia	ONSET AND DEATH
ATION	TO THE DE	FICANT CONDITIONS EATH BUT NOT R CONDITION CAUSIN	ELATED TO T	NG HE			
RTIFIC	19A. DATE OF		ONDITION FOR ERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes o	(No) 208. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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	22. I certify	that (1) (this haspi	tal) attended	the deceased from Let	ruary 5.	1966 to Feb	oruary 5, 1966
	that (I) (we)	last saw the dece	sed alive an	February 5,	19 66 and		apinian death accurred an the date
	and haur and	from the gauses	eated above.	(1) (We) (did) (did nat) v	iew the bady after dea	th.	
	23A. SIGNATUI	RE OF A	1000		ending Med.	Stoll	23B. DATE SIGNED
	23C. PHYSICIAT	NS pel	UE CO	Phy	s. Director L	Phy s.	February 5, 1966
	Fle	BER :	HEOL	DORE M.D.		ion Street	
4 A	BURIAL CREA	AATION, 248, DATE	124C.1	NAME of CEMETERY of CRI	MATORY 240	D. LOCATION	(City, town, or county) (State)

(City, town, or county) (Stole)

BURIAL CREMATION, REMOVAL (Specify) 9-66 Burial 25A. DATE REC'D

len Daltimore,

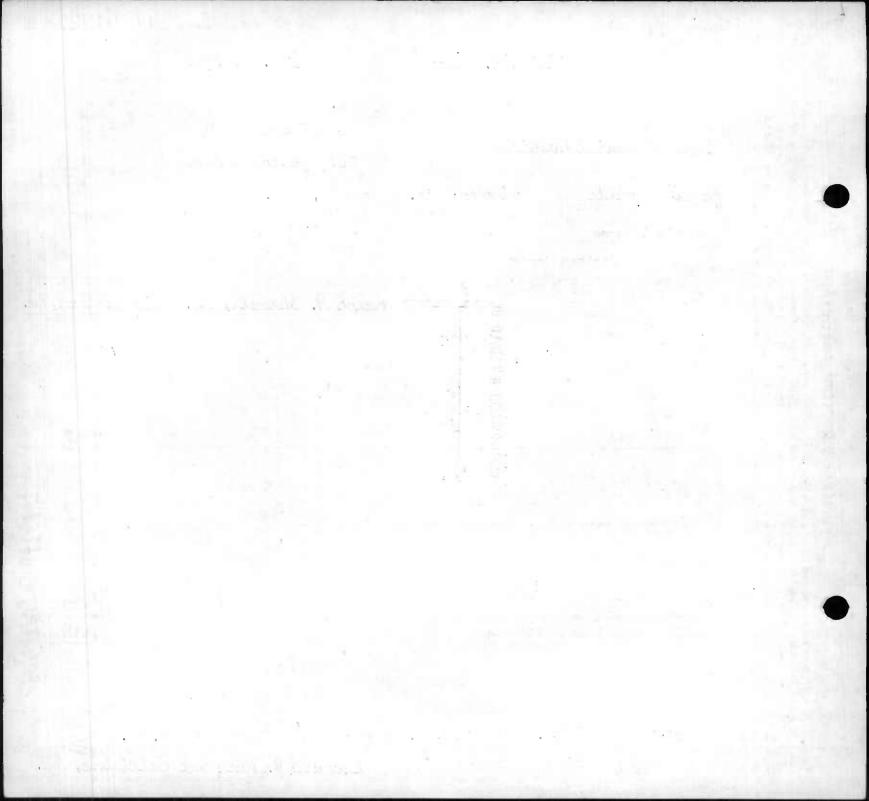
25B. NAME OF REGISTRAR HEALTH DEPT. FEB 8

VS 150-REV. 1/1/65

asotype due to nephrous

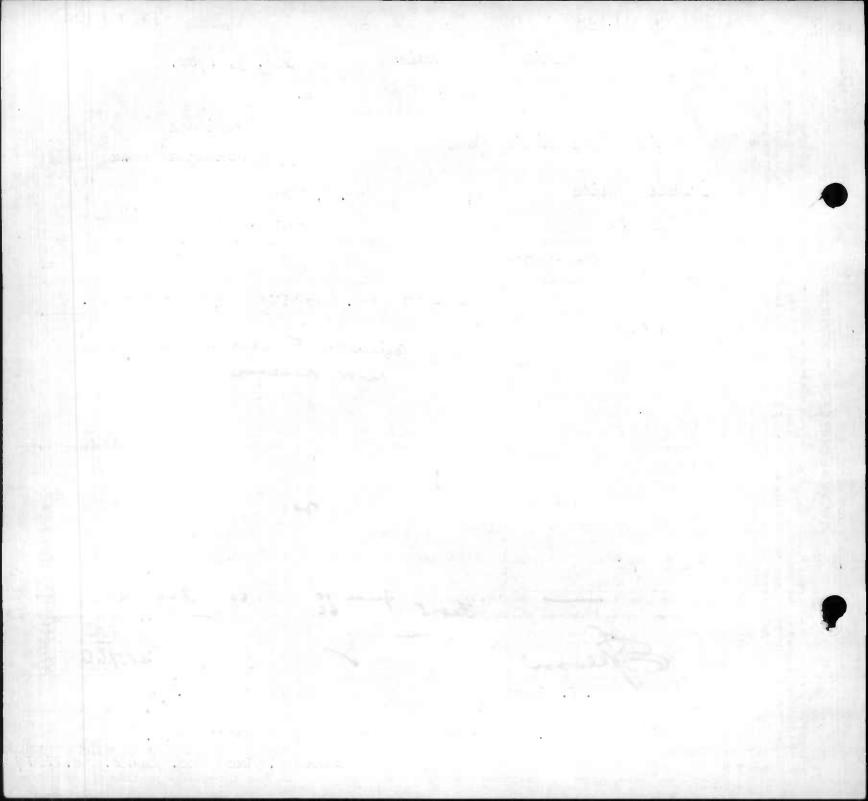
	FIINEDA	TINEDAL DIDECTOR IMPORTANT	ATGOGAL	TN	•		2.
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	y the chief med	dical examiner	or his assiste	int if dea	th occurred	in a hospita	4 pur
hows: (1) An accident of any natur	e; (2) Body bur	ns; (3) A fractur	e of any kin	d; (4) Und	etermined co	g cause or ause; (5) Dec	dearn eased
was D.C.A. at a nospital (except where the physician who pronounced dearn was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	vnere tne pnys No physician w I before the rem	ician who prolinated in regular lains are embal	attendance med or final	on the do	n regular a sceased pric on is made.	or to death.	Such

		BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH		CERTIFICA	TE OF DEATH Registered No.	66_01327
1. NA/	CASE NO. ME OF DECEASED or Print! Lil	lian L. Shewell	Jeb. 4, 1966	11/3
FU HO	LL NAME OF (If not in hospital of oddress or location	or institution, give street	A. USUAL RESIDENCE (Where deceosed lived. If A. STATE 8. COUNTY Md. C. CITY OR TOWN (If outside city limits, write Baltimore #14	institution: residence before admission) RURAL and give township)
u	nion Memorial Ho.	spital	D. STREET ADDRESS (If rurol, give location) 2819 Goodwood Road	
0	male white	7. MARRIED, NEVER MARRIED WIDOWED, DIVORGED (specify)	June 15, 1896. 9. AGE (In years lost birthdoy) 69	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
done d	SUAL OCCUPATION (Give kind of work uring most of working life, even if retired) cactical Nurse	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FA	Jackson (Corder	14. MOTHERS MAIDEN NAME Martha	Hahn
	os Deceased Ever in U. S. Armed For o orunknown) (If yes, give wor or dote NO		17. INFORMANT Ralph H. Shewell, Sr.	Reisterstown, Md
h	DISEASE OR CONDITION DIR LEADING TO DEATH This does not mean the made of eart foilure, asthenio, etc. II means rijury ar camplication which caused	dying, e. L. J. DUE TO	Ago cardial profesofers susselvetic Cardio vanc	INTERVAL BETWEEN ONSET AND DEATH MANAGEMENT (Z)
NO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if see to the above couse (A) INDERLYING CONDITION last. THER SIGNIFICANT CONDITIONS CON	ONTRIBUTING (C)	replication opposit after	
CERTIFICAL	DISEASE OR CONDITION CAUSING I	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No. 208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH!
WEDICAL OR	EATH (notify medical examiner) D. TIME (Month) (Doy) (Year) F INJURY APPROX.)	(Hour) 21E. INJURY OCCURRED While At Dork At Work	21F. HOW DID INJURY OCCUR?	
tl	2. I certify that (†) (this hospital nat (†) (we) last saw the decease nd haur and fram the causes stat			File of 1966.
	A. SIGNATURE Frederick C. PHYSICIANS	Phy:	nding Med. Stoff S. Director Phys.	Feb 5 1946
24A. I	C. PHYSICIAM'S NAME (Type) FREDERICK J. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	VOLLMER M.D.	MATORY JOAD. LOCATION	Delfanare Med. City, town, or county) (Stote)
	Burial 2/8/66			ty, Md.
25A. I	FEB 8 1966 (25B. NAME OF REGISTRAR	Leonard J. Ruck Inc	Baltimore, Md.
VS 15	0-REV. 1/1/65 .		4 4 4	37-3



		0.0	BALTIMORE CIT	I HEVELLI DEL VILIMELLI		00 01000
SIRTE	H NO. 66 013	28	CERTIFICA	ATE OF DEATH	Registered No.	66 01328
1. NA	AME OF DECEASED or Print)	Amelia		2. DAJE AN	5, 1966.	1 8
3. Pt	LACE OF DEATH IN BAL	TIMORE, MARYLA	AND	4. USUAL RESIDENCE (When	a deceased lived. If in-	titution: residence before edmi
H	FULL NAME OF (If no HOSPITAL OR Oddre	ot in hospital or in ess or location)	nstitution, give street		side city fimits, write RI	URAL ond give township)
a		dge Nur	sing Home		Baltimore or location	1
/	V			3303		
		ite	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widow	Aug. 3, 1878	9. AGE (In years lost birthdoy) 88	Months Doys Hours A
	during most of working life, e Housewife		. KIND OF BUSINESS OR INDUSTRY Own Home	Y 11. BIRTHPLACE (Stote or forei Marylan	,	12. CITIZEN OF WHAT COUNTRY?
13. F	FATHER'S NAME Pe	ter Schaf	line	14. MOTHER'S MAIDEN NAM	Matilda	Herman
15, W	Was Deceased Ever in U.	S. Armed Forces?	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		218-52-0271	Mrs. Mary Wille	m 3311 Sou	thern Ave. #14
	18. 1442 X	1	CAUSE	OF DEATH		INTERVAL BETWEE
	DISEASE OR CON	IDITION DIRECT	TLY	Townston a	and same	CHAIN DEAT
	(This does not mean th		(A) (B)			a 3 years
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	heart failure, asthenia, e injury ar camplication w	olc. It means the which coused dec	(B)	neral disea	~	
	heart failure, asthenia, e injury ar camplication w ANTECEDE	olc. It means the which coused dec NT CAUSES	(B)	neral disea	~	
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	heart failure, asthenia, e injury at camplication w ANTECEDE DISEASES OR CONDI	old. If means the which coused dec NT CAUSES ITIONS, if any, cause (A) sta	(B) DUE TO	neral disea	~	
	heart failure, asthenia, e injury ar camplication w ANTECEDEL DISEASES OR CONDI- rise to the above	Ic. It means the which coused dec NT CAUSES ITIONS, if any, cause (A) stational local.	(B) DUE TO giving ling the (C)	rerod disea	~	
ATION	heart failure, asthenia, e injury ar camplication w ANTECEDEL DISEASES OR CONDITION TISE to the above UNDERLYING CONDITION OTHER SIGNIFICANT CO TO THE DEATH BUT	IC. It meens the chich coused decentric CAUSES ITIONS, if only, cause (A) stational countries (A) cou	(B) DUE TO , giving lling lhe (C) TRIBUTING) TO THE ON FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No		INDINGS CONSIDERED
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MEDICAL CERTIFICATION	heart failure, asthenia, e injury ar camplicotian w ANTECEDE! DISEASES OR CONDITISE to the abave UNDERLYING CONDITISE TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION OR CONTRIBUTING CADEATH (notify medical extension of the contribution of the contribu	IC. It means the thich coused decentric course decentric course (A) states (A	TRIBUTING TO THE ON FOR WHICH OPERATION MED 21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.) While Al Not Wh At Work Itended the decrosed fram	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	20B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore)	INDINGS CONSIDERED ISES OF DEATH? City, give exect location)
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24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 2/8/ 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) 2/8/66. Parkwood Cemetery Baltimore Md. 25B. NAME OF REGISTRAN Leonard J. Ruck Inc. Balto. Md. 21214 25A. DATE REC'D BY HEALTH DEPT. FEB VS 150-REV. 1/1/65



66 01329	BALTIMORE CITY	HEALTH DEPARTMENT		66 01329
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	00 01059
1, NAME OF DECEASED George J. 1	Ruhl, Sr.	Feb.	5, 1966.	11 00g M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, g		A. STATE Md. B. COUN	deceased lived. It ins Y	stilution: residence before admission)
institution address of location and according a second accordi		C. CITY OR TOWN (If outs	Baltimor	URAL ond give township)
AD Jooy sona reolal	e		Jona Ter	race
Male White Widows	dowed (specify)	March 11, 188		Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired) Retired		Marylana	1	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Anton Ruhl		4. MOTHER'S MAIDEN NAM	?	
15. Was Deceased Ever in U. S. Armed Faices? (Yes, no or unknawn) (It yes, give wai ar dates at service)	and the second second	7. INFORMANT	R. 61 0- 1	9012 Wood Pk. C.
18. 420,0	CAUSE OF		nanc gr.	INTERVAL BETWEEN
DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	3			
19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.)	20B. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF hom etc.)	PLACE OF INJURY (e.g., in e, loim, factaly, street, aff	ar about 21C. WHERE DID ce bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
U OF INJURY	INJURY OCCURRED te AI	21F. HOW DID INJU	JRY OCCUR?	
22. I certify that (1) (this hospital) attended the	ne deceased from		965,0 5	71- 1966
that (I) (we) just sow the deceosed clive an			ot in(my) (our) opin	ion deoth occurred on the dat
and hour and from the causes stoted above, (1	M.D. Atter	ding Med.	Staff Phys.	6 Feb-66
23C. PHYSICIANS A. M. Rerick		1010 ST P	aul Ba	it pd.
REMOVAL (Specify)	ME al CEMETERY or CRE	MATORY 24D. LC	CATION / (Cit	
Burial 2/8/66. Gre	enmount (em	etery	Baltimore	e, Md. (Stale)

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66 01330 BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.	MEDI	CAL EXAMINER'S	CERTIFICA	TE OF D	EATH Registe	red No.
M.E. CASE NO.	CEACED	AA		10.000000000000000000000000000000000000		
(Type or Print)		R KINGSBURY			HOUR PRONOUNCE	
3 PLACE IN RAI		HERE PRONOUNCED DEAD	IN HISHAL BESID		ary 5, 1966	2:10 P M. itution: residence before odmission
S. FEACE III DAE	MARIEAND, W	HERE PROMODINCED DEAD	A. STATE		B. COU	INTY
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TO	Marylan		RURAL and give township)
HOSPITAL OR	ADDRESS OR EDGA		7-4-5	Baltimo	417	27-38
100 8	Sinai Hospita		D. STREET ADD			7,00
40					lters Wood	Rd.
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
male	white	WIDOWED, DIVORCED (apecify)	Jan 211	1005	lost birthdoyl	Months Doys Hours Min.
		10B. KIND OF BUSINESS OR INDU	ISTRY 11 BIRTHRI ACE	(State or foreign	61	12. CITIZEN OF
done during mast of	working life, even if retired)	A. 1.		Marular	1	WHAT COUNTRY?
13. FATHER'S NAM	chanic	Machinery		0		usi
13. FATHER 3 NAN	" Arthur W	. Kingsbury	14. MOTHER'S M	AIDEN NAME	Janu E. St	hatter
TE WAS DESSASS			37 10150004 4017	0 (9.1)	Nary E. Sh Kingsbury	00
	ED EVER IN U.S. ARMED	s of service) SECURITY NO.	O- CA AA	. 1 1 1	1/. 1	ADDRESS
No		215-07-18	56 Mrs. M	ildred	Kingsbury	(Same)
18.) / .		AUSE OF DEATH	100	<i>U</i>	INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	PECTLY				ONSET AND DEATH
DISEA	LEADING TO DEATH	(A) Art	erioscleroti	c cardi	ovascular d	isease
(This does heart foilure	not mean the mode of , osthenio, etc. It means	the disease, DUE TO		***************************************	••••••	
injury or co	mplication which coused	deoth.)				
	ANTECENDENT CAUSE	S				
DISEASES	OR CONDITIONS, IF A	NY, GIVING (B)				******************************
	IE ABOVE CAUSE (A) ST NG CONDITION LAST.	TATING THE				
Z		(C)				
Ĕ	11					
OTHER SIG	NIFICANT CONDITIONS DEATH BUT NOT REI					terms in the second
E DISEASE O	R CONDITION CAUSING	i IT				
U 19A. DATE OF	F OPERATION 198, CON	DITION FOR WHICH OPERATION	20A. AUTOPSY		N CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
ZIA, EXTERNA	L CAUSE WAS	21B. PLACE OF INJURY				
O UNDERLYING	OR CONTRIB-	home, form, foctory, streetc.)	et, office bldg., INJUR	OCCUR?		
甲	of DEATH.					
OF INJURY	(Month) (Doy) (Year	(Hour) 21E. INJURY OCCUR	RED 21 F. H	DIN DID INTO	RY OCCUR?	
(APPROX.)		m. WHILE AT	NOT WHILE			
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	tify that I held on I				bosis, deoth In m	
resu	Ited from: Notural con	Accident Su	icide Homici		ndetermined monne	er
ACTUA	. ///	2 Story		EDICAL EX		DATE SIGNED
SIGNAT		es much	M.D. ASSISTANT M	EDICAL EX	AMINER X	
EXAMIN	VER'S Duding	Providence 1 M. D.	ASSOCIATE N			2-6-66
NAME (17707	Breitenecker, M.D				
23A. BURIAL CRE REMOXAL (Specif		23C. NAME of CEMET	ERY or CREMATORY	23 D. LC	CATION (City,	town, or county) (Stoto)
Buria	1 - 10	66. Loudon Pa	rk Cemeter	u.	Baltimo	re. Md.
	BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNER	AL DIRECTOR		ADDRESS
	FEB 8 1966	Bar E. Telly	Leona	rd J. 1	Ruck Inc.	Balto. Md. 2121
VS 151-REV. 1/1/	/65	4 9=0.76-0	3	3 2 9		V

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01221	BALTIMORE CITY HEALTH
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	04221	BALTIMORE CITY	HEALTH DEPARTMENT		66 01331
	01331	CERTIFICA	TE OF DEATH	egistered No.	00 01001
M.E. CASE NO.	FASED		2. DATE AND HO	UR OF DEATH	
(Type or Print)	Margaret Gil	lis	2/5/66		1;30 p _M
3. PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where dece	osed lived. If institu	
FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital address or location	or institution, give street n)	C. CITY OR TOWN (If outside c	land ity limits, write RUR.	All and give township
INSTITUTION	Johns Hopki	ns Hospital		imore	
33				give location)	
			507 E. 29th St		
5. SEX White	6. RACE Female	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	3/25/93 9. AG	E (In yeors If M	Under 1 YI. If Under 24 Hrs. onths Doys Hours Min.
	JPATION (Give kind of work working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY		intry)	2. CITIZEN OF WHAT COUNTRY?
Hou	usewife .	Own Home	Virginia		USA
13. FATHER'S NAM			14. MOTHER'S MAIDEN NAME		
Will	iam Edward	Kendrick	Rose Burke		
15. Wos Deceosed	Ever in U. S. Armed For	ces? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	th yes, give wor or dole	220-40-8368	Mr. A.D. Gillis	s. Mill V	alley. Calit.
18. 162.	/ 1	CAUSE O			INTERVAL BETWEEN
	E OR CONDITION DIE LEADING TO DEATH	RECTLY	ronchogenic Care	inona	
	of mean the mode of asthenio, etc. It means	dying, e.g., DUE TO	**************************************		V
	plication which caused	death.)			
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OR CONTRIBU	NT WAS UNDERLYING DITING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID	(If in Boltimore Ci	ity, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED While At Work At Work		CCUR?	
22. I certify	that (1) (this hospital	l) attended the deceased fram		to	5/6619
		4 4	19 and that in		
		ted obove. (1) (We) (did) (did nat)			
23A. SIGNATU	RE //			23	B. DATE SIGNED
B	GO V	M.D. Att	ending Med. Stoff Phys.	X	2/5/66
23C. PHYSICIA NAME (T		J. Comments	23D. ADDRESS Johns Hopkins H		
24A. BURIAL CREA		M.D.			town, or county) (State)
REMOVAL (S	Specify)	, ,		Baltimore	
25A. DATE REC'D	BY HEALTH DEPT.	6. Greenmount (re	25C. FUNERAL DIRECTOR	inconce	ADDRESS

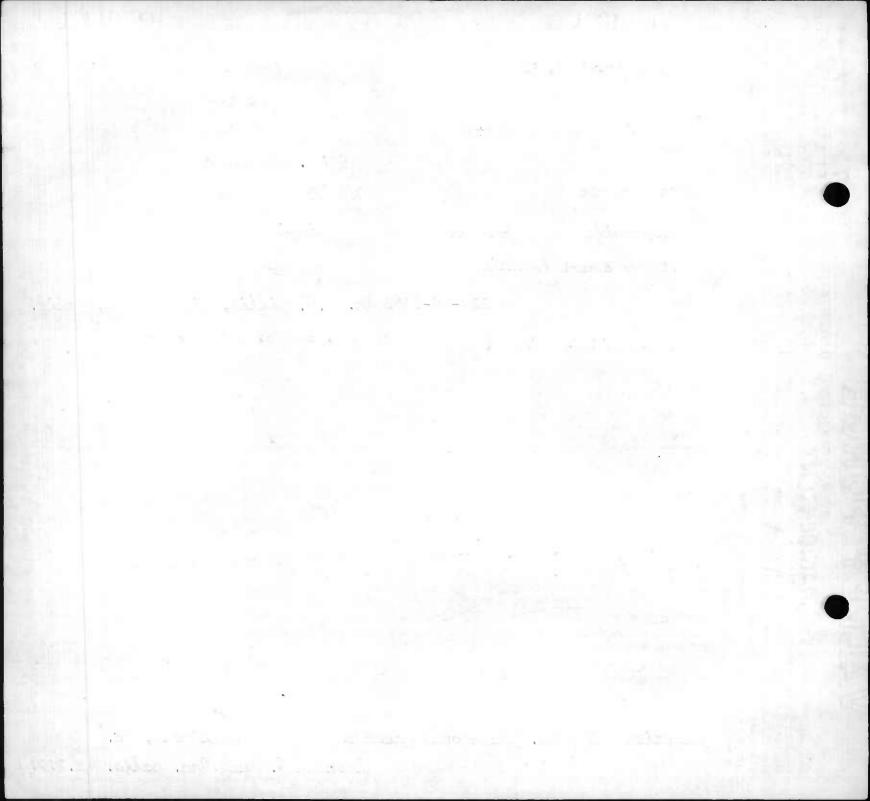
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Leonard J. Ruck Inc. Balto. Md. 21214

VS 150-REV. 1/1/65



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BALTIMORE CITY HEALTH DEPARTMENT 66 01332 Registered No. BERTH NO. CERTIFICATE OF DEATH M.E. CASE NO. Jeb. 6. 1966 (Type or Print) Rochester 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) A. STATE Md. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) 4515 Northwood Dr. (If rural, give location) Northwood Drive 7. MARRIED, NEVER MARRIED S. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (specify) lost birthdox emale -1884 widowed 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired Maryland Housewite 13. FATHER'S NAME William Letmate Julia Hock 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown) (II yes, give wor or dates of service) Mrs Margaret Parks no 20. 8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, hearl foilure, asthenia, etc. II means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving 0 to the obove couse (A) stoling the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY2 (Yes or No) WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) etc.) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE Med. Director M.D. Attending Stoff Phys. umeron 23C. PHYSICIAN 23D. ADDRESS NAME Type

rect or contributing cause (4) Undetermined cause; (5) prior regular mad If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased Hours 12. CITIZEN OF disposition WHAT COUNTRY? death 2 MOS the death On ADDRESS final attendance same any pronounced INTERVAL BETWEEN 10 ONSET AND DEATH of embalmed regular who are 4 physician remains Was physician the (2) Body 208. IF YES, WERE FINDINGS CONSIDERED the O IN CERTIFYING CAUSES OF DEATH? fore (II in Boltimore City, give exoct location) where to the hospital °Z any nature; obtained 9 approved (except and pe and that in (my) (our) opinion death occurred on the date of hospitai death) the body was released shows: (1) An accident must 23 B. DATE SIGNED 10 approval 0 prior i o M.D mmenman D.O.A. deceased written ap 24A. BURIAL CREMATION, 2/B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify Hore Land -8-66 shows: (emetery 25C. FUNERAL DIRECTOR Was VS 150-REV. 1/1/65

Released on approved of Medical Examiner.

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BALTIMORE CITY HEALTH DEPARTMENT 66 01333 Registered Na._ BIRTH NO. CERTIFICATE OF DEATH of death Deceased ce on the and M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Mrs. Elizabeth Violi February 2, 1966 hospital death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance cause (5) l Maryland. (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) canse; attend 0 Baltimore City The Seton Psychiatric Institute = prior D. STREET ADDRESS (If rurol, give location) contributing 6420Reisterstown Rd., Balto., Md. 21215 Undetermined 4634 Walther Boulevard regular is mad 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE B. DATE OF BIRTH deceased WIDOWED, DIVORCED (specify) lost birthdoys Female White 8/30/85 80 Married 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or loreign country) disposition death = done during most of working life, even if retired) 10 Baltimore, Maryland Housewife Mas the 14. MOTHERS MAIDEN NAME 13. FATHER'S NAME 4 Barbara Fichtner Mr. John A. Forster death HO 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL or final (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. ance Mr. Louis A. Violi No any pronounced CAUSE OF DEATH attend DISEASE OR CONDITION DIRECTLY med 0 LEADING TO DEATH Broncho pneumonia fracture (This does not mean the mode of dying, e.g., embal heart failure, asthenia, etc. It means the disease, examiner ar aminer. injury at camplication which coused death,) 5 ANTECEDENT CAUSES re Cardiovascular disease and 4 DISEASES OR CONDITIONS, if any, giving la the abave cause (A) stating the 5 (c) Hypertension physician the chief medical the remains UNDERLYING CONDITION last. medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE sclerosis with psychosis. DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No! the 8 WAS PERFORMED before by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, loctory, street, office b)dg., INJURY OCCUR? where to the hospital °Z MEDICAL DEATH (notily medical examiner) nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 (except ; and (6) OF INJURY approved Not While While At (APPROX) At Work Wark any 22. I certify that (I) (this complete) attended the deceased from May 22. 19 66 that (I) (and) last saw the deceased alive an February 2 be of 0 death) pe released and haur and fram the causes stated abave. (1) (We) (did) (ACXXXX) view the bady after death. hospit 23A, SIGNATURE must Attending X accid M.D. Med. prior to approval Phys. Director 0 23C. PHYSICIAN'S 23D. ADDRESS at Was NAME (Type) An Raphael Nigrin. M.D. O.A.

9:20 A.M. 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)
A, STATE
B, COUNTY Baltimore City C. CITY OR TOWN (If outside city limits, write RURAL and give township) Il Under 1 Yr. Months: Doys II Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S. 4634 Walther Boulevard Baltimore, Maryland21214 INTERVAL BETWEEN ONSET AND DEATH About 3 weeks General & Cerebral Arteriosclerosis At least 9 years Chronic Brain Syndrome due to Arterio-20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact lacation) 1964 to February 2 and that in(my) (cost) apinian death occurred an the date 23B, DATE SIGNED The Seton Psychiatric Institute Reisterstown Rd., Baltimore, Md. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specily) URIA eemer deul. 25C. FUNERAL DIRECTOR ADDRESS FEB VS 150-REV, 1/1/65



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assistant if IMPORTANT or his the chief medical examiner FUNERAL DIRECTOR:

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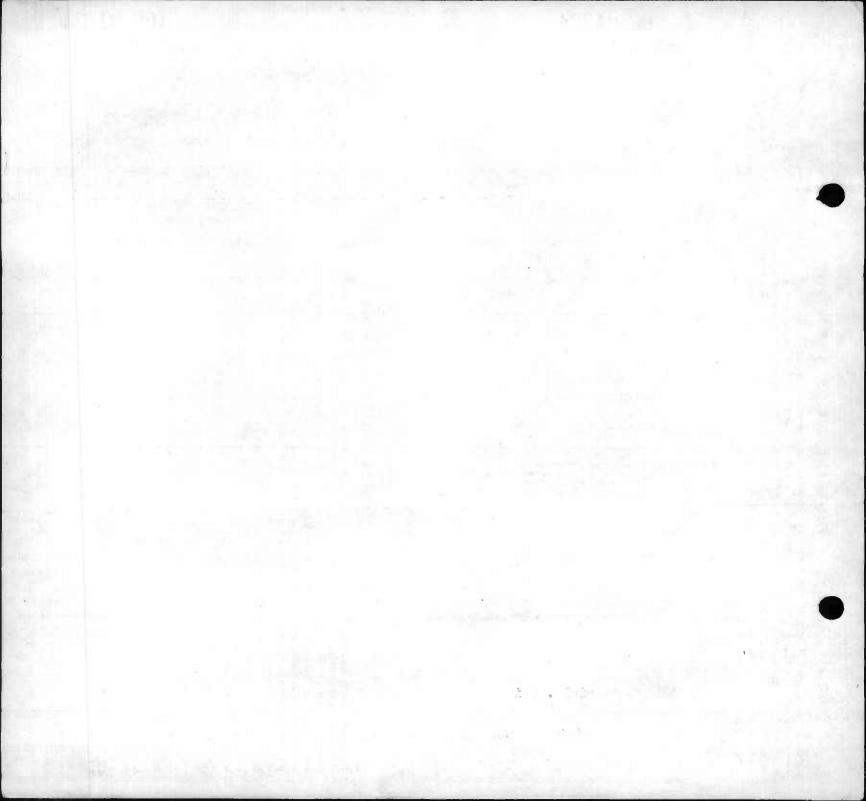
eath.

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BALTIMORE CITY HEALTH DEPARTMENT 66 01334 Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND RESIDENCE (Where deceased lived, If institution: residence before admission COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) D. STREET ADDRESS (If rurol, give location) made. 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours : Min. 5, SEX 6. RACE WIDOWED, DIVORCED (specify) Hours lost birthdoy IDA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. PIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Levano 13. FATHER'S NAME oummen 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMAN ADDRESS 16. SOCIAL or final SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the UNDERLYING CONDITION lost the remains ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION CERTIFI WAS PERFORMED before OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21COWHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examiner etc. obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22, I certify that (I) (this hospital) attended the deceased fram pe that (1) (we) last saw the deceased alive an. and that in (my) (aur) opinion death accurred an the date and haur and fram the causes stated abave. (1) (We) (dld) (did nat) view the bady after death. must 23A, SIGNATURE 23B, DATE SIGNED Attending Med. Stoff M.D. 66 Phys. Director written approval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) REMOVAL (Specify) Burial 2/8/66 New Cathredral Cemetry Baltimore 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Adolphus Halstead 1206 W North Ave VS 150-REV. 1/1/65



MECASE NO. NAME CASE NO. NAME OF DECENTED CONTROL OF CHANGE THE CONTROL OF CHANGE CO	0 1	BALTIMORE CITY HEALTH DEPART	IMENT	00 0100
THE HOLD SEASE OF DETAILS IN A STINGLING WAS THE STATE OF THE STATE OF DETAIL AND HOUR OF DETAIL IN A STINGLING WHICH COUNTY THE STATE OF THE STATE	0.5	CERTIFICATE OF DE	ATH Registered No.	66 01335
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ADRESS DISEASE OR CONDITION DIRECT LEADING OF CONDITION S, if only, a size of the condition which caused deball ANTICEDENT CAUSES DISEASE OR CONDITION S, if only, a size of the condition which caused deball ANTICEDENT CAUSES DISEASE OR CONDITION S, if only, a size of the condition of the course of the condition	FULL NAME OF (If not in hospital or institution, g	ive street A. STATE	B. COUNTY	13-08
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) OR CONTRIBUTION (Notify medical examiner) OR CO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	To 3 any Cirlen	Deneus &	DO CONSIDERED
21D. TIME (Month) (Doy) (Yeer) IHour) 21E. INJURY OCCURRED While AI Work 22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased olive on 19 6 and that in (my) (our) apinion death occurred on the do ond hour and from the couses stated above. (I) (We) (did) (dld not) view the body ofter death. 23A. SIGNATURE A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 21C. FUNERAL DIRECTOR 21F. HOW SID INJURY OCCUR? While AI Work AI Work	OR CONTRIBUTING CAUSE OF Hom	PLACE OF INJURY (e.g., in or obout 21 C. WH)	ERE DID (If in Bollimore	SES OF DEATH?
thot (I) (we) last saw the deceased olive on	OF INJURY (Month) (Doy) (Yeor) IHour) 21E	INJURY OCCURRED In At Work In At Work	out of be	1.
23A. SIGNATURE 23A. SIGNATURE 23A. SIGNATURE 23A. SIGNATURE 23A. SIGNATURE 23A. SIGNATURE 23C. PHYS/CIAN'S NAME (Type) BRIAN H. GROSS M.D. UNION MEMORIAL HOSPITAL 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, Town, of county) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS BY REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS BY REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS BY REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS BY REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	that (I) (we) last saw the deceased olive on	2-2 1966	and that in (my) (our) apini	on death occurred on the dor
BRIAN H. GROSS M.D. UNION MEMORIAL HOSPITAL 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, Town, of county) (Stotel BURIAL CREMATION) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNEXAL DIRECTOR EEB 8 1966 25 25 25 25 25 25 25 25 25 25 25 25 25	23A. SIGNATURE			23B. DATE SIGNED 266
BURIA 2-7-66 ST MORGE BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR PLAN ADDRESS BURG-EET. 17. PALYS ADDRESS BURG-EET. 17. PALYS ADDRESS BURG-EET. 17. PALYS ADDRESS BURG-EET. 17.	BRIAN H. GROSS	M.D. UNION		
FEB 8 1966 Q Part E. Salaria BURG-EEVIA. CHUS Re	BURIA 2-7-66 St	Mary's (Hamalen)	Be Ho. Md	
	FEB 8 1966 Q.C.S	Entally BURG	-ESTA PA	43 Rd

Such

death. ance

No

CERTIFICATION

MEDICAL

deceased prior to

to

o 0 shows:

Was

(5) Deceased of death

hospital

no

BALTIMORE	CITY	HEALTH	DEPART	AENIT
DALIMURE		LEWFILL	DEFARIA	MEINI

RTIFICATE	OF		Registered No.	0133
		2. DATE AND	HOUR OF DEATH	

M.E. CASE NO. 66 U1336 CERTII	FICATE OF DEATH
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Type or Print) Philip Roy Becker	February 1, 1966
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
7 3136 Remington Avenue	Baltimore D. STREET ADDRESS (If rural, give location)

3136 Remington Avenue

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates at service)

			3136 Remington Avenu	e
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In y lost birthday)	eors If Under 1 Yr. If Under 24 I Months Doys Hours Min
Male	White	Married	April 26, 1887 78	
	CCUPATION (Give kind of wo		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ib Attendant	Aircraft Manufact.	Pennsylvania	IISA
13. FATHER'S N	IAME		14. MOTHER'S MAIDEN NAME	

13. FATHER'S NAME Ralph Becker

Jane Emsiwler 7. INFORMANT ADDRESS 6. SOCIAL SECURITY NO.

Rocken

William I

18. 15 3,01	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Caraciona of case	Dr. H
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	DUE TO	W. W. J.
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, if ony, giving tise to the above cause (A) stating the UNDERLYING CONDITION lost.	(C)	

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No)

07 5525

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, foctory, street, office btdg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical exominer) etc.)

21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work

22. I certify that (1) (this haspital) attended the deceased from that (th) (we) lost sow the deceased alive an and that in (my) (see) opinion death occurred on the date

and hour and from the couses stated above. (3) (We) (did) (did not) view the bady after death.

23A. SIGNATURE	0 0				23B, DATE SIGNED/
Herman	Dellen	M.D.	Attending Med. Phys. Director	Stall Phys.	2/5/66
23C. PHYSICIAN'S			23D. ADDRESS		

M.D.

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY Burial

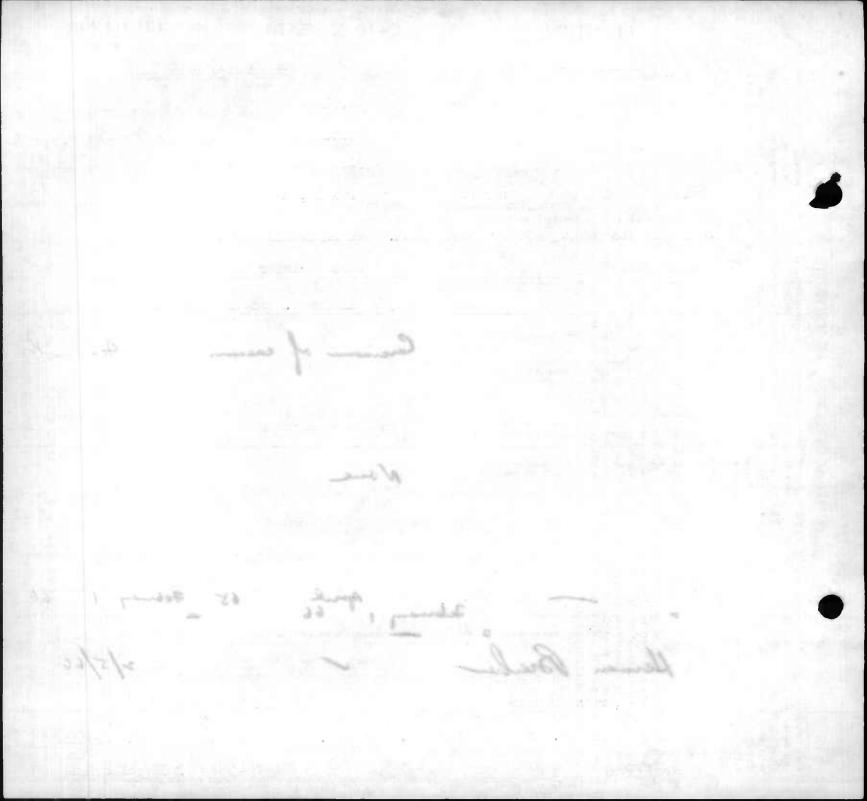
Herman Brecher

East (City, town, or county)

Baltimore County Maryland

Feb. Moreland Mem. Park Cem 66 ADDRESS 250, FUNERAL DIRECTOR

363 Falls Road VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT 66 01337 Registered Na._ BIRTH NO. CERTIFICATE OF DEATH pital and of death Deceased Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO HARRINGTON NELLIE
3. PLACE OF DEATH IN BALTIMORE, MARYLAND hospital death. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) ance A. STATE (2) MO cause (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township cause; attend 0 BALTIMORE UNION MEMORIAL prior D. STREET ADDRESS (If rurol, give location) contributing REDFERN 1416 (4) Undetermined regular mad 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours : Min. deceased Hours WIDOWED, DIVORCED (specify) lost birthdoy) 68 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition death WHAT COUNTRY? = done during most of working life, even if retired MARYLAND Was the 14. MOTHER'S MAIDEN NAME assistant if JAMES EDWAR PARSONS FLORENCE MAY kind; death uo 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. HELEN CORDELL attendance STE any pronounced OF CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY pem LEADING TO DEATH 27 dAYS (A) AC, MYOCARDIAL INFARCTION fracture (This does not mean the mode of dying, e.g., bal heart failure, osthenia, etc. It means the disease. ar examiner. injury or complication which caused death.) He regu ANTECEDENT CAUSES who DUE TO are DISEASES OR CONDITIONS, if ony, giving 3 rise to the obove cause (A) slating the physician UNDERLYING CONDITION lost. remains medical Was medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the the chief (2) Body 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) the ō WAS PERFORMED before 2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) where the hospital °Z MEDICAL DEATH (notify medical examiner) etc.) nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (9) OF INJURY approved (except Not While While At (APPROX.) At Work and Work any 22. I certify that (1) (this hospital) attended the deceased from 19 66 to 66 that (1) (we) last saw the deceased alive an and that in (my) (our) apinion death accurred an the date pe of death) hospital and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death. must was released accident 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. M.D. 0 Director approval Phys. 0 23 C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) An HOSPITAL CHARLES MEMORIAL M.D. UNIDN S BROWN D.O.A. 24A, BURIAL CREMATION. DATE 24C. NAME of CEMETERY OF CREMATORY eceased 24D. LOCATION (City, town, or county) the body REMOVAL (Specify) written shows: OUCION Was 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

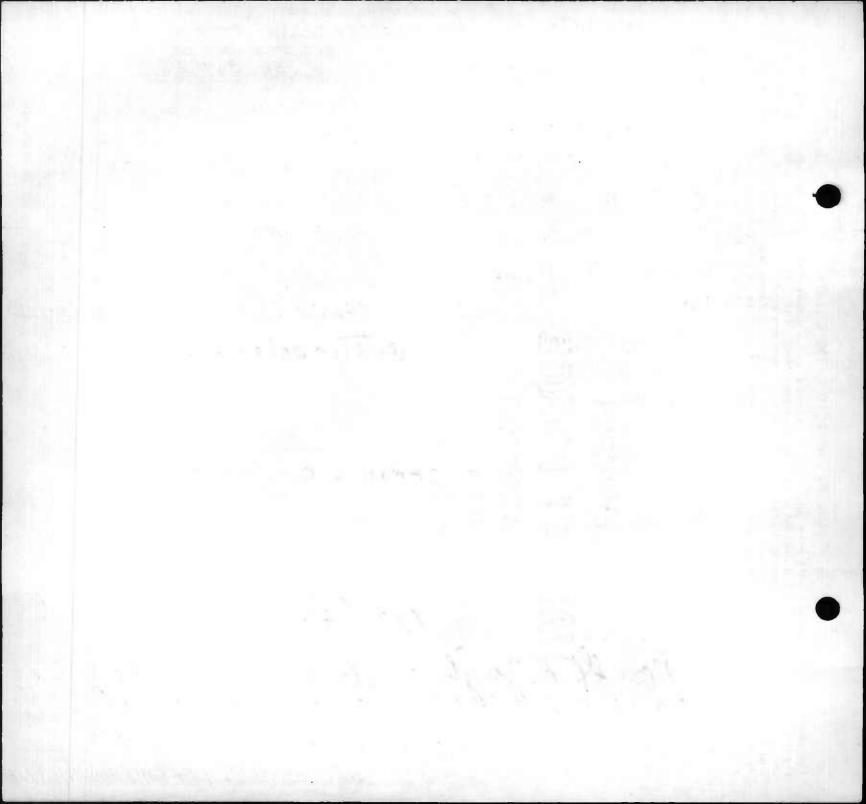
Registered No.

66 01338

BIRTH NO.

M.E. CASE NO.

VS 150-REV. 1/1/65



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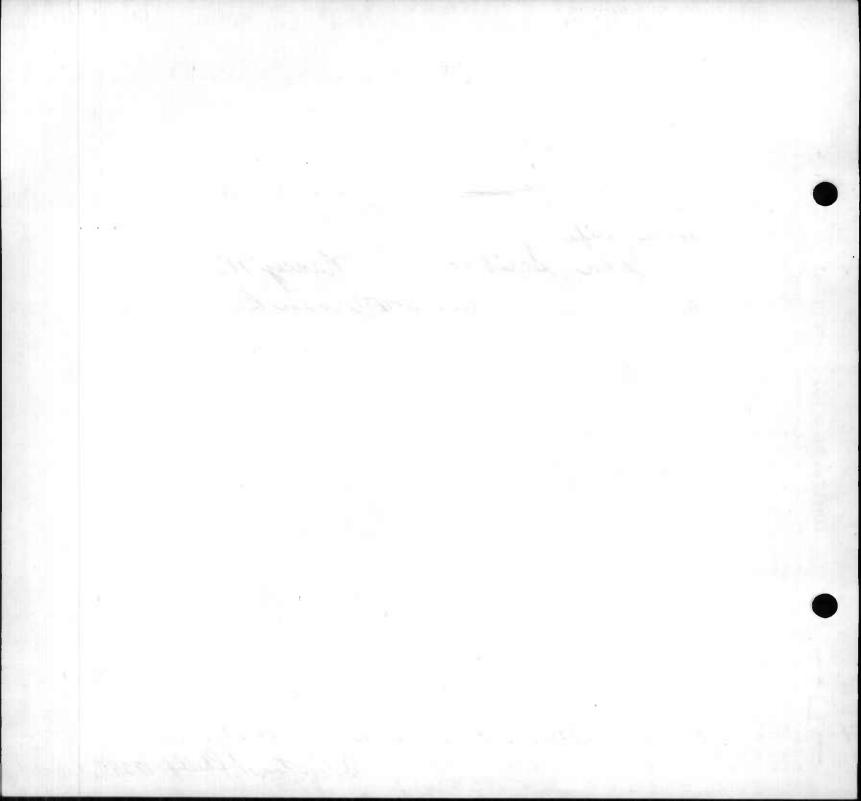
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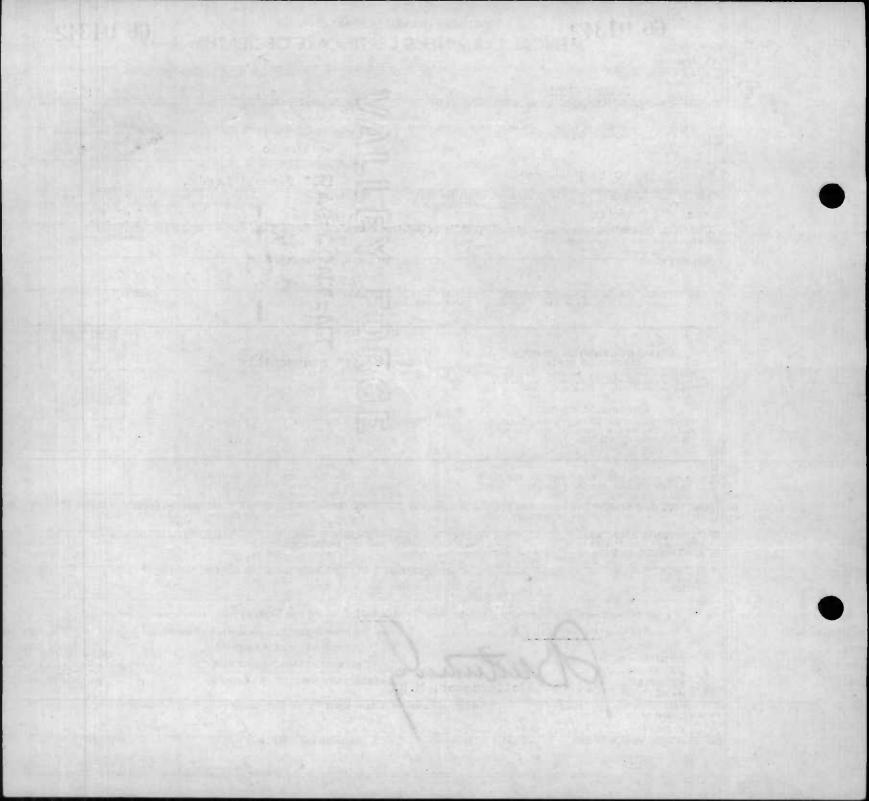
M. Vefunson



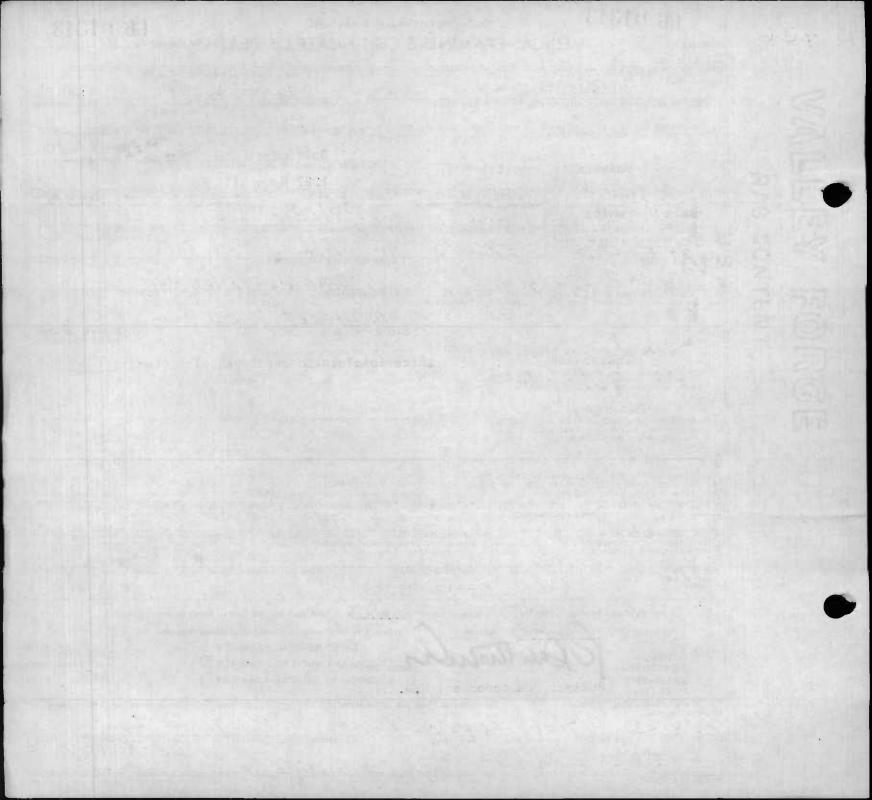
BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD JOHN KLINE Feb. 1, 1966 9:22 3. PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside corporate limits, write RURAL and give tawnship) Baltimore D. STREET ADDRESS (If rurol, give lacation) City Hospital 1932 Pinhall Road 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED(specify) Manths, Days, Haurs, 2 male white 12. CITIZEN OF 10A USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY? done during most of warking fife, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL 17. INFORMANT ADDRESS SECURITY NO. (Yes, na ar unknown), (If yes, give war ar dotes of service) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Interstitial pneumonitis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION 15 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 119B, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? ves 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Saltimore City, give exact location) local, farm, factory, street, office bldg., INJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Yeor) OF INJURY NOT WHILE (APPROX.) WHILE AT 22. Autopsy X I certify that I held on Inquiry __ Inspection ond that on this bosis, death in my opinion resulted from: Natural aguses X Accident Surcide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 2-3-66 EXAMINER'S ASSOCIATE MEDICAL EXAMINER Rudiger Breitenecker, M.D NAME (Type) 23A. SURIAL CREMATION 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) Murla tenis haus 24A. DATE REC'D BY HEALTH DEPT. 24C FUNERAL DIRECTOR 24B, NAME OF REGISTRAR ADDRESS

VS 151-REV. 1/1/65

Joseph 11

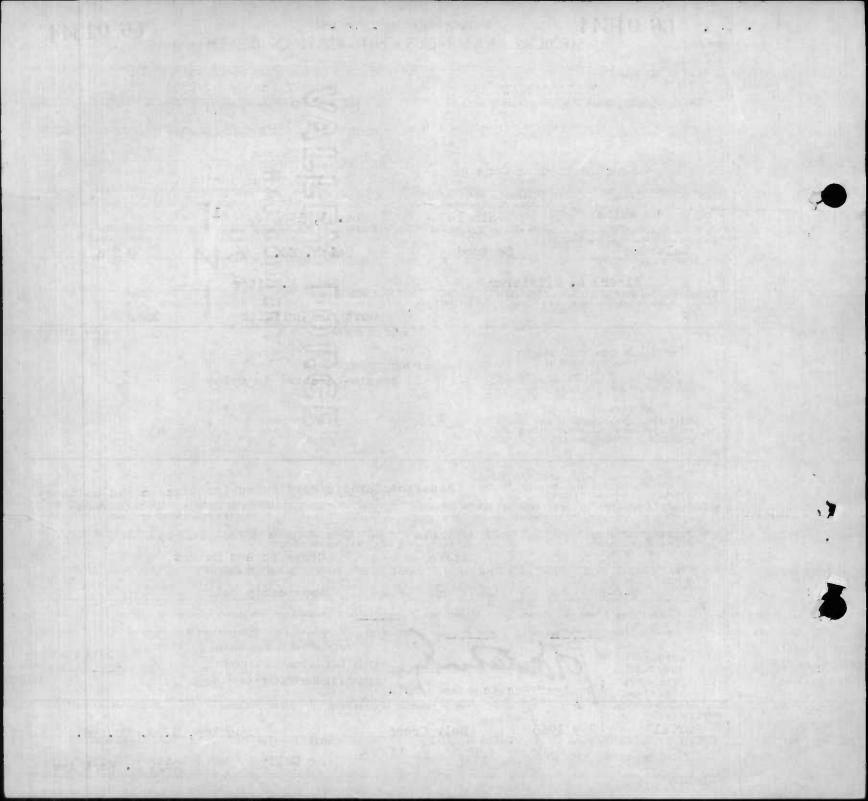


CERTIFICATE OF DEATH Registered Na.
2. DATE AND HOUR PRONOUNCED DEAD
February 4, 1966 11:40 P _M
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
Maryland
C. CITY OR TOWN (If outside carporate limits, write RURAL and give township)
Baltimore
D. STREET ADDRESS (If rurol, give lacotion)
1227 Haverhill Rd.
B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min. 57
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
14. MOTHER'S MAIDEN NAME
MARRIAGET MURRAL
17. INFORMANT ADDRESS
MARCARET MURRAY ADDRESS
E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
ONSEL AND DEATH
riosclerotic cardiovascular disease
20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
IN CERTIFYING CAUSES OF DEATH?
yes yes
in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
21F. HOW DID INJURY OCCUR?
WHILE WORK
and that an this basis, death In my aplnlan
de Hamlcide Undetermined manner
CHIEF MEDICAL EXAMINER
DATE SIGNED
ASSOCIATE MEDICAL EXAMINER
or CREMATORY 23D. LOCATION (City, town, or county) (State)
Prot ROITO MI
17/1 DATE OF THE PROPERTY OF T
24C. FUNERAL DIRECTOR BOL FREDERICK RO
A. (MAI NAZB 2122)
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TE TO A LINE OF THE PARTY OF TH



. (66 013	44	BALTIMORE CITY HEALT	TH DEPARTMEN	Т		66	01344
BIRTH NO.		MEDICAL EX	CAMINER'S CE	RTIFICAT	E OF D	EATH Registe	red No	01044
M.E. CASE	NO.							
1. NAME OF	F DECEASED	TATE TANK DESTRUCTION) ED			HOUR PRONOUNCE		3:00 A
2 PLACE IN		WILLIAM PFISTER		A HEHAL BESIDI	rebeus	ary 6, 1966 eccessed lived. If insti	hutiant socidan	M.
3. PLACE IN	BALTIMORE, M	AKILAND, WHEKE PRONOL	JACED DEAD					
FULL NAME HOSPITAL O INSTITUTION	R ADDR	OT IN HOSPITAL OR INSTITU ESS OR LOCATION)	JTION, GIVE STREET			carparate limits, write	RURAL and	give township)
2				D. STREET ADDR	1timore	ive lacation)		
2	Sout	h Baltimore Ger	neral			side Ave.		
5. SEX	6. RACE	7. MARRIED,		8. DATE OF BIRTH		9. AGE (in years	If Under 1	Yr. If Under 24 Hrs.
male	whit	^	oivorced(specily)	Nov 2	7001.	lost birthdayl	Months Do	ys Haurs Min.
	OCCUPATION	iive kind of work 10B. KIND OF	0-	Nov. 3,		-	12. CITIZEN	OF
dane during m	ast of warking life,	even if retired)					WHAT	OUNTRY?
13. FATHER'S	Lesman	Sea	food	Balto 14. MOTHER'S MA	AIDEN NAME		US	A
	Alber	t A. Pfisterer		War and	TO CAL			
	CEASED EVER IN	U.S. ARMED FORCES?	16. SO CIAL	17. INFORMANT	E. Sit	es	ADDRESS	
(Yes, no or unk	knawn) (If yes, gi	ve wor or dates af service)	SECURITY NO.	Gertrude	Own Post	h	C	
18.			CALLES		GLITITE	11	Same	TERVAL BETWEEN
E	- 904	16	CAUSE	OF DEATH				SET AND DEATH
D	ISEASE OR CO	NDITION DIRECTLY	Doggo a la	opneumoni				
DISEA RISE T	ANTECENE ASES OR CONE	the mode of dying, e.g., etc. It means the discose, which caused death,) DENT CAUSES DITIONS, IF ANY, GIVING CAUSE (A) STATING THE DITION LAST.	(B)DUE TO	anio-cere	orar III.			***************************************
Z			(C)	********		· m · · · · · · · · · · · · · · · · · ·		*****
E TO 1	THE DEATH B	II CONDITIONS CONTRIBUTION ON THE CONTRIBUTION ON CAUSING IT. ON 198. CONDITION FOR	HE Arteriosc		(Yes or Na) 2	scular dise	DINGS CON	SIDERED
10		WAS PERFORMED		yes	II.	N CERTIFYING CAUS	ES OF DEATH	1?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in 8oltimare City, give exoct lacation) hame, farm, factory, street, affice bldg, INJURY OCCUR? 21D TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) 2-4-66 ? m. WORK AT X NOT WHILE AT WORK AT WORK Apparently fell								
22.	I certify that I	heid an Inquiry	Inspection Aut	opsy X and	that on this	bosis, deoth in m	y opinion	
	resulted from:	Notural couses A	Accident X Suicide			determined monne		
		111	5 ()		EDICAL EXA			
	TUAL	1 mille	dink	ASSISTANT MI				DATE SIGNED
	MATURE AMINER'S	101000		ASSOCIATE M			2-	-6-66
	ME (Type)	Rudiger Breit	enecker, M.D.		-DIGAL EAR			
23A. BURIAL	CREMATION,	23B. DATE 23	C. NAME OF CEMETERY OF	CREMATORY	23 D. LO	CATION (City,	town, or coun	ty) (State)
REMOVAL (S		2 9 1966	Holy Cfore		The state of the s	wo alelless 4	1 0	200
	REC'D BY HEALT	H DEPT. 24B, NAME	Holy Cross	24C. FUNERA	AL DIRECTOR	rooklyn, A.	A CO	RESS
	FEB 8	1966	t E. Failmin	Мс	Cully	1	30 E. F	ort Ave

VS 151-REV. 1/1/65

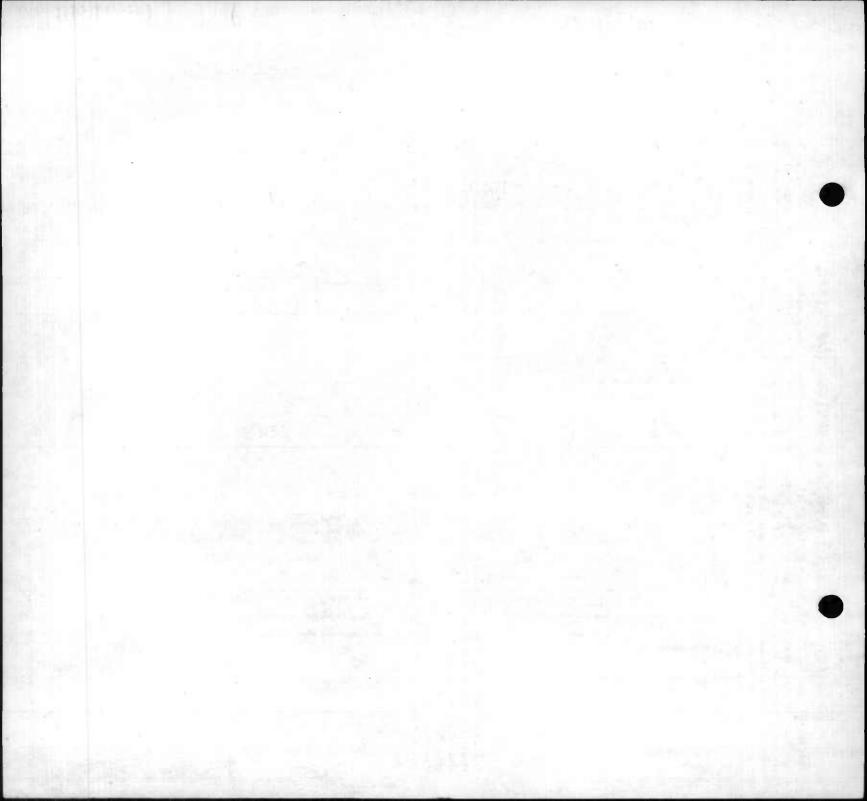


	00 04045	BALTIMORE CITY	HEALTH DEPARTMENT		CC 04975
	н но. 66 01345	CERTIFICA	TE OF DEATH	Registered Na	66 01345
1, N	AME OF DECEASED TO Print) BERNARD ELK	CINS	2. DATE AN	D HOUR OF DEATH	766 7:10 P.
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. Il instit	lution: residence belore admissi
_ F	FULL NAME OF (It not in hospital or institut HOSPITAL OR address or location) NSTITUTION	ion, give street	C. CITY OR TOWN (If out	side city timits, write RU	AL ond give township)
1		(1)	BRUTIMORI	3	
	INION MEMORIAL	HOSPITAL	3107 LOC	rurol, give location) CH RAVEN	ROAD
S. S	ALE WHITE MA	RRIED (specify)	2/3/08	58	If Under 1 Yr. II Under 24 Aonths Doys Hours Min
	USUAL OCCUPATION (Give kind of work 10B, KINI) e during most of working life, even if refired)	LENEM STEEL	PA a	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME		14. MOTHERS MAIDEN NAM	ME	
	VICTOR KLKINS		ELIZAB	ETH -	
	Was Deceased Ever in U. S. Armed Forces? , go o unknown) (II yes, give war or dates at servi	16. SOCIAL SECURITY NO. 215-65-0660	17. INFORMANT		ADDRESS
	1B. 4420./I	CAUSE O			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	4417		. 740	ONSET AND DEATH
	LEADING TO DEATH (This does not meen the made at dying,	(A) MYC	CARDINL IN	VEARCTION	HOURS
	heart foilure, asthenia, etc. It means the dise injury ar camplication which coused death.) ANTECEDENT CAUSES	(B) ARTO	FRIOSCLEROTIO	CARDIO-	
	DISEASES OR CONDITIONS, il any, gi- rise ta the abave cause (A) sloting UNDERLYING CONDITION last.	the WASC	OLOR DISERS	E	YEARS
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJURY (e.g., i home, form, loctory, street, o etc.)	n or about 21 C. WHERE DID lifice bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
ā	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work Not Work		URY OCCUR?	
	22. I certify that (I) (this haspital) attend			1966 to Z	16 1966
	that (I) (we) last saw the deceased alive		//		in death occurred on the
	and have and from the causes stated abov	1 -		Acquired to	
	23A/SIGNATURE			2:	B. DATE SIGNED
	Whilliam L. Kinton	M.D. Alth	ending Med.	Stoff Phys.	2/6/66
	23C. PHYSICIAN'S NAME (Type) WILLIAM R. LINTON,		000 100000	MEMORIAL HO	
24A	BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY or CR	EMATORY 24D. LO	OCATION (City,	lown, or county) (Stot
T	BURIAL 2-10-66)	towy GEDEEM	- 1	ALTO. Mo	
25A	FEB 8 1966	ME OF REGISTRAR	2SC EUNERAL DIRECTOR	Wille, 233.	4 Jelfuson s
VS	150-REV. 1/1/65		11		111

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	BALTIMORE CITY	HEALTH DEPARTMENT		66 01346
BIRTH NO. 66 01346	CERTIFICA	TE OF DEATH >	Registered No.	00 01010
M.E. CASE NO. 1. NAME OF DECEASED			HOUR OF DEATH	15.
(Type or Print) (hooley (reny90	A. 7-	5-66	7-12 M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	o di fe	4. USUAL RESIDENCE (Where	deceased lived. If insti	tution: residence before admission
		A. STATE B. COUNT	γ	in At
FULL NAME OF (II not in hospital or institution oddress or location)	, give street	MC		SULA
INSTITUTION		C. CITY OR TOWN UIL outs	ide city limits, write RU	RAL and give township)
1111	011	Dalling	Itl -	.63.00
Which Menu	prior Hosp	D. STREET ADDRESS (III)	arol, give loodition)	i Rd
	D, NEVER MARRIED	8. DATE OF BIRTH 9	AGE (In years)	If Under 1 Yr. If Under 24 h Aonths: Doys Hours Min
Made Ville "1	10 hould	12-31-1895	72	
OA. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF
lone during most of working life, even if retired)	and the second s	melet la	121	WHAT COUNTRY?
Farmer		Maryon	a de la companya della companya della companya de la companya della companya dell	404
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	1 11 11	, /
GUSTAINO SCHOOLS	h	Managenet	Breder	MARK.
5. Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	processor.	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service		1)04	_	
	216-05-7696	Pallen		
18. 4 20, 1	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	M	1 . / . /	1 . 6 .	ONSE! AND DEATH
LEADING TO DEATH	(A) / (9)	scardial enf	and che	
(This does not mean the made of dying, e.g. heart failure, asthenio, etc. It means the diseas	g., DUE TO	7		
injury or camplication which caused death.)	•,	nary three	lan:	
ANTECEDENT CAUSES	(B)	rang / and	~~~~~	
DISEASES OR CONDITIONS, if any, givin	DUE TO	1		
rise la the obave cause (A) stoling th		It wis schere	ris	0.1
UNDERLYING CONDITION last.			0 8 8 0 0 0 0 0 1 1 1 0 0 0 1 1 1 0 0 0 1 1 1 0 0 0 0 1 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 0 1 0 0 0 0 1 0 0 0 0 1 0 0 0 0 1 0	700
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	.HE			
19A. DATE OF OPERATION 198. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes oy No)	208. IF YES, WERE FIN	DINGS CONSIDERED
WAS PERFORMED		1125	IN CERTIFYING CAUS	ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 2	1 B. PLACE OF INJURY (e.g., in ome, form, foctory, street, off	or obout 21 C. WHERE DID		City, give exact location)
OR CONTRIBUTING CAUSE OF CAUSE	ome, form, factory, street, of	fice bldg., IN URY OCCUR?		
0				
U OF INJURY	1E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
Z (A POROY)	Voile At Not While			1
			66 10 -	2-1-61
22. I certify that (I) (this haspital) attended	~7 ~~	1		19
that (I) (we) last saw the deceased alive an		19.06 and the	t in (my) (aur) apinio	on death accurred on the
and hour and from the causes stated above.	(I) (We) (did) (did not) v			
23A. SIGNATURE	7		12	B. DATE SIGNED
VOXIVU	M.D. Atte	nding Med. S		n - 5- //
1/1/2/AAA	Phys	Director F	hys.	4066
23C. PHYSICIANS NAME (Type)	2	3D. ADDRESS		
1.77	M.D.			
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY of CRE	AAATORY 1245 15	CATION	
REMOVAL (Specify)	2	MATORY 24D. LO	D (City,	town, or county) {State
BURIAL 2-5-66 G	ARDENS OF FAI	ITH CEM	MLTO. ,	VID.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTERAR	25C. FUNERAL DIRECTOR	1.A. 1022	ADDRESS
FED 8 1966 (R.A.)	R- E. STOLLER MAIN	199/11		I have
	4	100	C 2 10 14 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	》(在中中行政)、
VS 150-REV. 1/1/65	V. C.	223401	IN LUTTE R DE	B Therend



written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/65

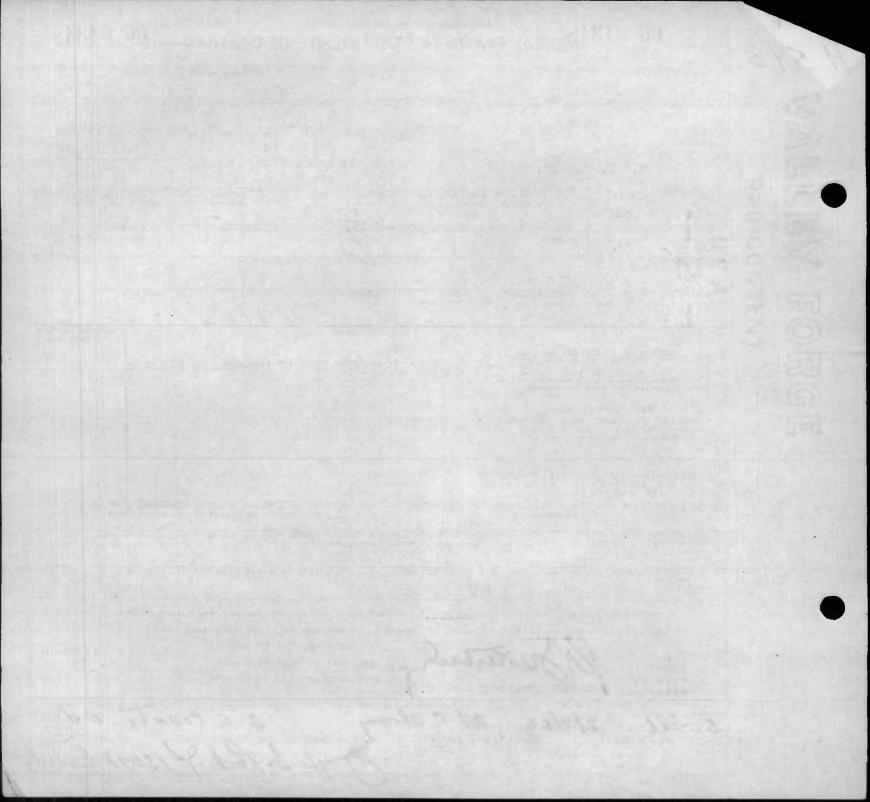
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prior to death.

0.1042	BALTIMORE CITY	HEALTH DEPARTMENT		66 01347
ME CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	00 01047
NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Type or Print) FLORENCE	E BULACK SI	9y 2-	4-66	4:55 A. M
B. PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Where A. STATE B. COUN	TY	tion: residence before odmission)
FULL NAME OF (If not in hospital or oddress or location) INSTITUTION	institution, give street	C. CITY OR TOWN (If outs	side city limits, write RURA	AL and give fewnship)
526 N. Cu	RIEY ST	GALTIMOR		
) 520,71.00.	(2.0)		ural, giva location)	
		526 No C	URLEY ST,	
6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH - 28 - 1882	9. AGE (In years If ost birthday)	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10	B. KIND OF BUSINESS OR INDUSTRY		an country)	2. CITIZEN OF
done during most of working life, even if retired)		1.	,,	WHAT COUNTRY?
	CLOTHING STORE	MARYLAND		U.S.A.
13. FATHER'S NAME		14. MOTHERS MAIDEN NAM	AE	
MONTWILL SAY		ISABELL	BULACK	
5. Was Deceased Ever in U. S. Armod Forces	? 1 6. SOCIAL			ADDRESS
Yes, na or unknown) (If yes, give wor or dotes	SECURITY NO. 2/2-26-5200	gues Pin +0	2 Part - 5	21 11 Cul. ST
100		Min agrecia	14.171111111111111111111111111111111111	26 N. Curley ST.
18. 4 22.1	CAUSE O	DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECT	AR	ERIOSCLEROT	FIC CARVIII	- 5VPS
(This does not mean the mode of di heart failure, asthenia, etc. It means th	ying, e.g., DUE TO e disease,	VASCULAR VASCULAR	PISEMSE	
injury or complication which coused de	eoth.)			
ANTECEDENT CAUSES	(B)	000500000000000000000000000000000000000	B44480000000000000000000000000000000000	**************************************
DISEASES OR CONDITIONS, if on				
rise to the obove couse (A) si UNDERLYING CONDITION lost.	loling the (C)			
GNOERE TING CONDITION 1051.				
OTHER SIGNIFICANT CONDITIONS COLTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 19.B. CONDITION WAS PERFOUND WAS PERFOUND 19.B. CONDITION WAS PERFOUND WAS PERFOUND 19.B. CONDITION W				- 0
19A. DATE OF OPERATION 19B. CONDI	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FINE	DINGS CONSIDERED
WAS PERFO	RMED	NO	IN CERTIFYING CAUSES	S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore Ci-	ty, give exact location)
	Hour 21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	While At Not While	e 🦳		
	Work L At Work		-	1.
22. 1 certify that (1) (this hospital)	attended the deceased fram		962 10 7	19 66
that (1) (we) last saw the deceased	alive an	19 66 and the	it in(my) (and apinion	n death accurred an the date
and haur and from the causes stated	l abave. (1) (te) (did) (t id not) v	lew the bady after death.		
23A. SIGNATURE	1 10-		23	B. DATE SIGNED
Clevence h	. Lettou M.D. Atte		Stoff Phys.	2/6/66
23C. PHYSICIAN'S		23D. ADDRESS		
NAME (Type) CLARENC.	E W. LEDOUX M.D.	302 3	Castern	ave
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 124D 16	OCATION (City, 1	own or county) * Items
REMOVAL (Specify)		-	7	own, or county) (State)
BURIAL 1-1-66		EMETERY	BALTO, MO	•
25A. DATE REC'D BY HEALTH DEPT.	B. NAME OF REGISTRAR	25C. EUNERAL DIRECTOR		ADDRESS
FED 8 190b (Louis E. Scalke MA	Mastle Ch	1.000 2334	6 Desan AS

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	6 0134%	DICAL EX	AMINER'S C	ERTIFICA	TE OF L	DEATH Register	66 01348
M.E. CASE NO.	CEASED				2 DATE AND	D HOUR PRONOUNC	ED DEAD
(Type or Print)		HAMLETT				1 ary 5, 1966	
3. PLACE IN BAL	TIMORE MARYLAND		NCED DEAD			deceased lived. If inst	titution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOS	SPITAL OR INSTITU OCATION)	TION, GIVE STREET	C. CITY OR TO	ryland WN (If outside	B. COU	RURAL and give township)
0	822 N. Gay	St.			ORESS (If rurol,	give locofion) St.	
5. SEX male	6. RACE negro		NEVER MARRIED NIVORCED (specify)	B. DATE OF BIR	тн	9. AGE (In yeors lost bighdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
	WORKING life, even if retire		BUSINESS OR INDUSTR	Y11. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAM	TBN H	IAMLE	H	14: MOTHER'S	MAIDEN NAM	7	
	ED EVER IN U.S. ARA n) (If yes, give wor or		16. SOCIAL SECURITY NO.	EdNA FE	ster 2	727 MOR	ADDRESS RAST
1B.			CAUS	E OF DEATH		11101	INTERVAL BETWEEN ONSET AND DEATH
RISE TO THE SIGN TO THE	OR CONDITIONS, I HE ABOVE CAUSE (A ING CONDITION LA II SNIFICANT CONDITIO DEATH BUT NOT DR CONDITION CAUS	ONS CONTRIBUTING THE					
19A. DATE O	F OPERATION 198, C	PERFORMED	VHICH OPERATION	20A. AUTOP	Y? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
UNDERLYING	OR CONTRIB- USE OF DEATH.	218. I home, etc.l	form, foctory, street,	in or obout 21C. office bldg., INJU	WHERE DID RY OCCUR?	(If in Boltimore City, g	ive exact location)
21D TIME OF INJURY (APPROX.)	(Month) (Doy)			WHILE WORK	ILNI DIG WOL	JRY OCCUR?	
	NER'S Prodice	Inquiry Causes X A	Inspection X Au	utapsy 🗌 a	MEDICAL EX	AMINER X	
23A, BURIAL CRI REMOVAL (Speci Buval	2/9	166	MT. Calr	any	6	2. a Cov	(Stote)
24A. DATE REC'E	FEB 8 19	248. NAME	GE E A	1 Dzeg	RAL DIRECTOR	Lock . Je	1304M Gentral
VS 151-REV. 1/1	/65	3 0		() 1	1		



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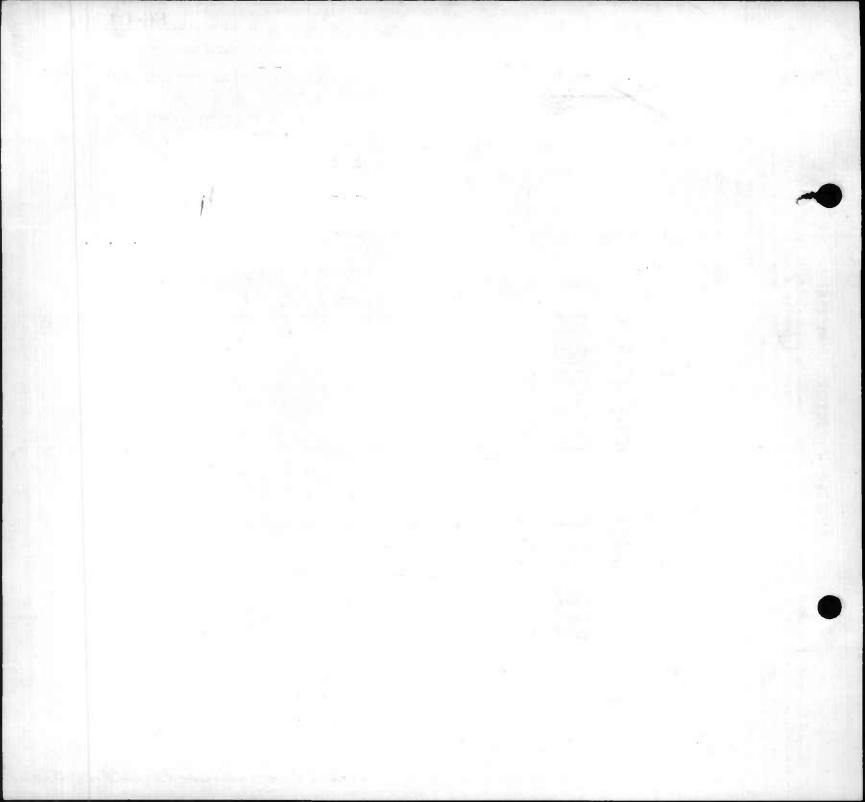
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				BALTIMORE CITY	HEALTH DEPAI	RTMENT		00 010	10
11	RTH NO.	66 01349		CERTIFICA	TE OF DI	ATH	Registered Na.	00 013	49
1.	NAME OF DEC	EASED				2. DATE A	ND HOUR OF DEATH		
(T	ype or Print)	Helen Fraz	ier			2-4-	-66	1/0	: 45 A M.
3.	FULL NAME O		or institution, give	e street	4. USUAL RESID A. STATE Marylan	B. COU	ere deceased lived. If in	stitution: residence	before admission)
7	HOSPITAL OR	address or lacation					utside city limits, write in Maryland	RURAL and give t	ownship)
1	George Wa	shington Car	ver Nursi	ng Home	D. STREET ADD	RESS (I	rural, give location)		
					1501 Ed	mondso	n Avenue		
11	sex Temale	6. RACE Negro	7. MARRIED, N WIDOWED, Wildowed	EVER MARRIED DIVORCED (specify)	8. DATE OF BIRT	н	9. AGE (In years lost birthday) 72	If Under 1 Yr. Manths Days	If Under 24 Hrs. Haurs Min,
		UPATION (Give kind of war working life, even if retired)		USINESS OR INDUSTRY	11. BIRTHPLACE	(State or for	eign country)	12. CITIZEN OF	
	Domestic				Maryland			II. S. I	1.
13	FATHER'S NA	ME			14. MOTHER'S A	AAIDEN NA	ME		
	John Mus	se .			Margaret	e Muse			
		Ever in U. S. Armed Fo		6. SOCIAL	17. INFORMANT			ADDR	ESS
1	es, no or unknown	(If yes, give war ar dat	es di servicer	SECURITY NO.	Chart #	743 6	07 Pennsylva	ania Aveni	ie
-	18. 170	OXI	l_	CAUSE O	FDEATH				AL BETWEEN AND DEATH
		SE OR CONDITION DI		-	`		ugha (dream lungs-	ONSET	AND DEATH
		LEADING TO DEATH		(A) (Oa	remon		right oreas	1 124	Kars-
		not mean the mode of osthenio, etc. It meon:		DUE TO			/		
		nplication which couse		The	Yas Yusus	to	Cemen -	6 11	mile.
	4	ANTECEDENT CAUSE	S	(B)			X		
	DISEASES O	OR CONDITIONS, if	ony, giving	002.0			U		
		e above cause (A) G CONDITION Iosi.	stating the	(C)			88 88 6× × × × 4000 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		***************************************
ACITA	TO THE D	I) IFICANT CONDITIONS (EATH BUT NOT REL CONDITION CAUSING	ATED TO THE	arter	, Selvo	Xi (on his Vascu	dar Duce	?
EDTIEIC	19A. DATE OF		NDITION FOR WH	IICH OPERATION	20 A. AUTOPS	Y? (Yes ar N	a) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSI	DERED

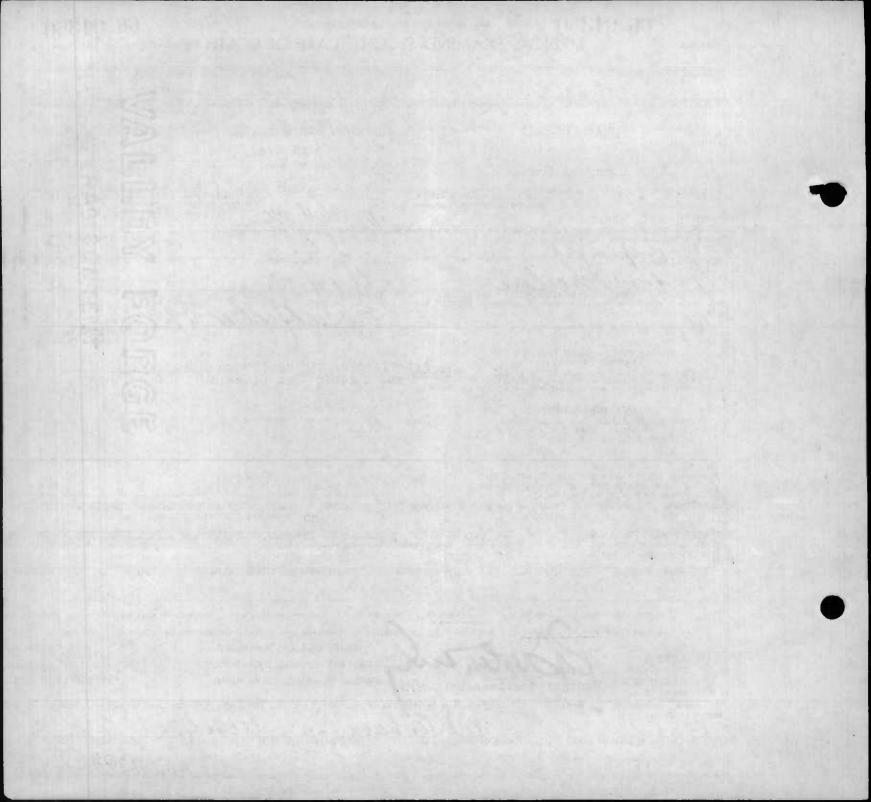
OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (If in Baltimare City, give exact facation) MEDICAL DEATH (natify medical examiner) 21 D. TIME OF INJURY (Day) (Manth) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Nat While (APPROX.) Wark At Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive an ond that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATUR 238, DATE SIGNED Allending Phys. Med. Director Stoff M.D. Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) DATE 24D. LOCATION (City, (State) tawn, or county)

25C. FUNERAL DIRECTOR

ADDRESS



1 142/	66 ()135() BALTIMORE CITY HEALTH DEPARTMENT 66 ()1350
T-170	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No M.E. CASE NO.
	1. NAME OF DECEASED [Type of Print) 2. DATE AND HOUR PRONOUNCED DEAD
	THOMAS LOVELACE) February 5, 1966 12:30 Pm.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY Maryland
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore
0	1906 Homewood Ave.
	1906 Homewood Ave.
	male negro WIDOWED, DIVORCED(specify) March 4,1905 60 Months, Doys Hours, Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (S) to the or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME
	Cas deared the selection of the selectio
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANY ADDRESS
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY
	(This does not meon the mode of dying e.g., head foliuse, esthenic, etc. It means the disease,
	injury or complication which caused death.)
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,
Balletta Ne sa	(C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 10 IN CERTIFYING CAUSES OF DEATH?
	Z1A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. home, form, foctory, street, office bldg., INJURY OCCUR?
	21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
	(APPROX.) m. WHILE AT NOT WHILE AT WORK
	I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apinion
	resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner
	ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE EXAMINER'S Rudiger Broitenecker M.D. ASSISTANT MEDICAL EXAMINER 2-5-66
	NAME (Type) Rudiger Breitenecker, M.D.
LIBRER	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
	24A. DATE REC'D BY HEALTH DEPT. 24R, NAME OF REGISTRAR 24C, FUNERAL DIRECTOR ADDRESS ADDRESS
	FEB 8 1966 1 5 E. Salar Datto in E. Folis Resen 112971 Currles C
	VS 151-REV. 1/1/65

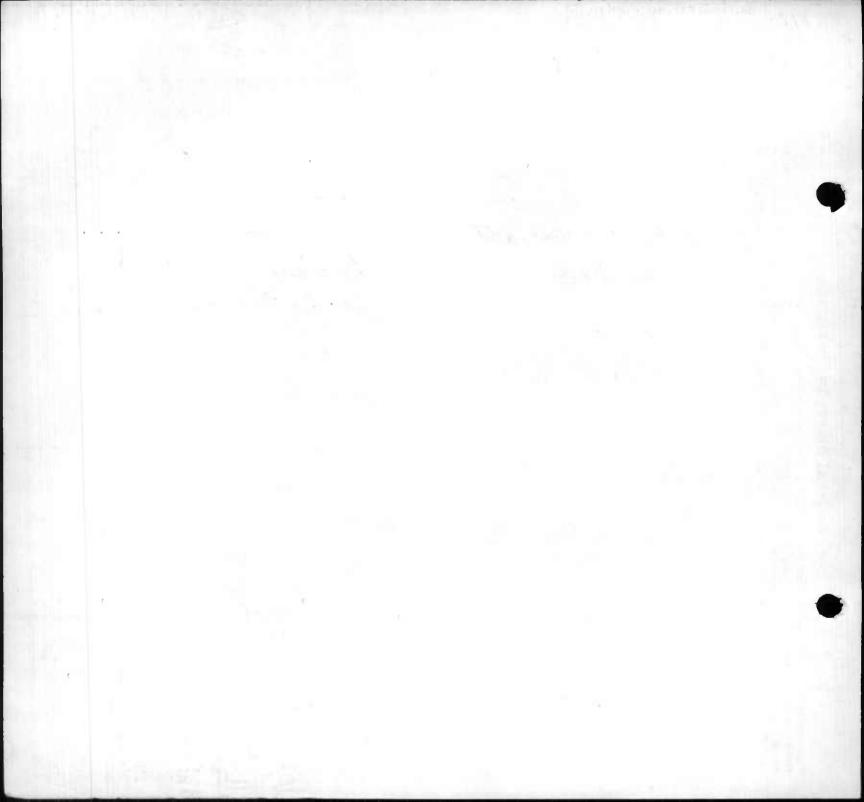


BALTIMORE	CITY	HEALTH	DEPARTMENT
			m- m1 x 414 4 14 4 m1 4 4

ити No. 66 01351	BALTIMORE CITY	HEALTH DEPARTMENT		66 01351
	CERTIFICA	TE OF DEATH	Registered No.	1001
A.E. CASE NO. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	
Type or Print) Charlie Clark	Sr,		ebruary 7,1	
PLACE OF DEATH IN BALTIMORE, MARYLAND	()	4. USUAL RESIDENCE (V	here deceased lived, If i	institution: residence before admission
		A. STATE B. CO	UNTY	1711
FULL NAME OF (If not in hospital or institution oddress or location)	ion, give street	Maryland (If		
INSTITUTION			autside city limits, write	RORAL and give township)
Provident Ho		Baltimore D. STREET ADDRESS	ar and a second of the	
1514 Division			(If rural, give location) nklin Street	
Baltimore, Ma				
	WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hours Min.
	rried	2-26-12	55	
A. USUAL OCCUPATION (Give kind of work 10 B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
ne during most of working life even if retired)	1.+-1	South Caro	lina	U.S.A.
FATHERS NAME	nur	14. MOTHER'S MAIDEN		0.2.2.
(A) 12 00 1		THE THE PERSON IN THE PERSON IN	en e	
Charlie Clark		Lucinda	, ,	
Was Deceased Ever in U. S. Armed Farces? es,no ar unknawn) (If yes, give war ar dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	0 . 0	ADDRESS
no	SECORITI NO.	Charles C	lack Jo 2	114 /1 4
18. / 3 3	CAUSE O		700	INTERVAL BRIWEEN
100.0	CAUSE	DIAIN		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	11	etastatic c	e a a la	
(This does not mean the mode of dying,		1/43/4416 6	at avono	**************************************
heart foilure, osthenio, etc. It means the dise	ose,		/	
injury or complication which caused death.)	Ca	rcinoma of	es a mord co	lou
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if ony, give				
rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	the (C)			· · · · · · · · · · · · · · · · · · ·
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
TO THE DEATH BUT NOT RELATED TO				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208 IF YES WERE	FINDINGS CONSIDERED
WAS PERFORMED		2.7	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	NO NO CHARLES DIE	(If in Rollima	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	hame, farm, factory, street, of	fice bldg., INJURY OCCUR	(It in pointing	re City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED		NJURY OCCUR?	
(APPROX)	While At Not While At Work			
22. I certify that (I) (this haspital) attended	ad the deceased from US	nuary 25.	1966 to Fet	ruary 7, 1966
that (1) (we) lost saw the deceased alive	an repruary /	19ond	that in (my) (aur) op	inian death occurred an the do
and hour and from the couses stated above	e. (1) (We) (did) (did not) v	iew the body ofter deot	h.	
23A. SIGNATURE				23 B. DATE SIGNED
Algerbin 1		nding Med.	Staff Phys.	70.1
23C. PHYSICIAN'S	Phys	Director	Phys.	February 7, 1966
NAME (Type)		OP. ADDKESS		
Dr. Malabrigo	M.D.	1514 Divisio	on Street	
A. BURIAL CREMATION, 24B. DATE 246	C. NAME of CEMETERY OF CRE	MATORY 24D	LOCATION IC	City, town, ar county) (State)
REMOVAL (Specify) Jehn 11	11. l. t. On.	Tool	alution.	mel
SA, DATE REC'D BY HEALTH DEPT. DER NAM	AE OF REGISTRAD	25C FUNSPAL DIRECT	OP . Comme	ADDRESS

258. NAME OF REGISTRAR FEB vs 150-rev. 1/1/65 1966

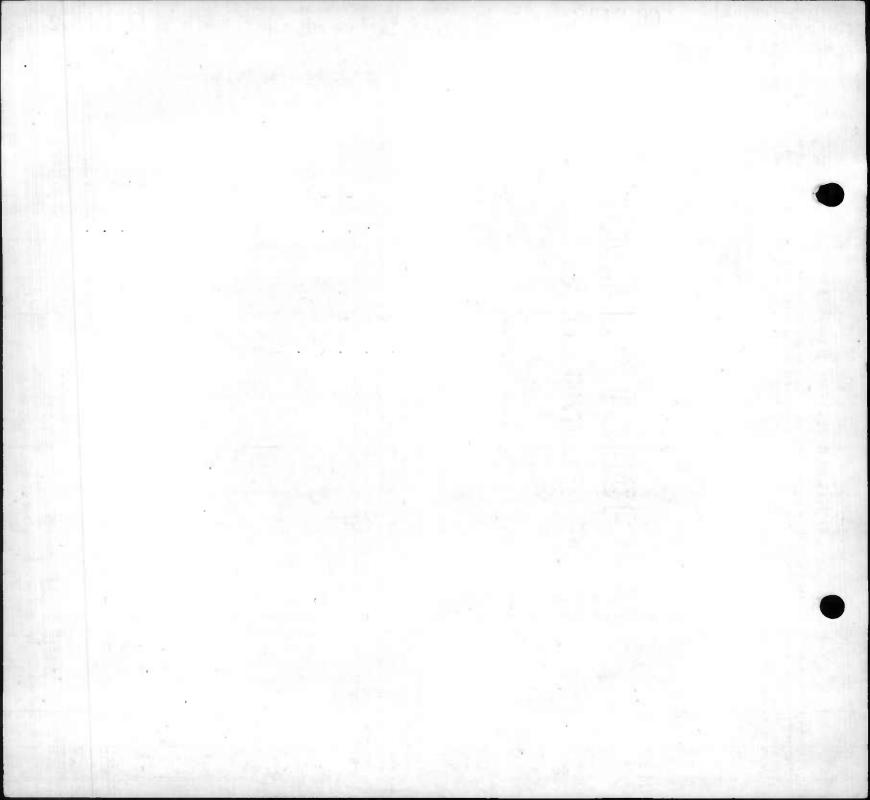
M. Carolings



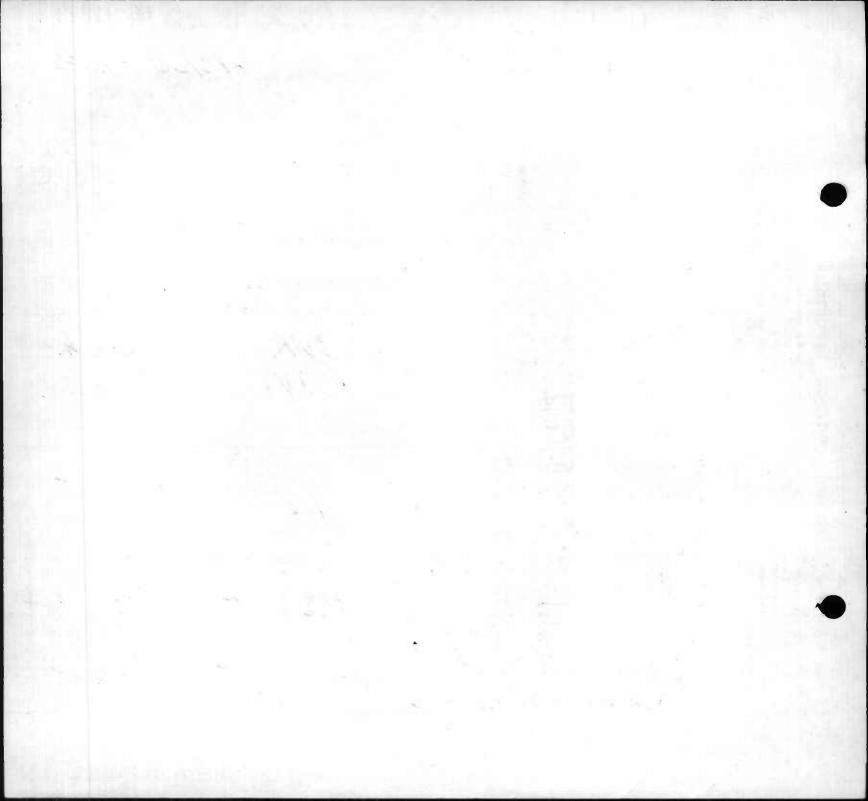
(00 01000	BALTIMORE CITY	Y HEALTH DEPARTMENT		00 010
BIRTH NO.	66 01352	CERTIFICA	TE OF DEATH	Registered Na.	66 01352
M.E. CASE NO.	FCEASED			HOUR OF DEATH	
(Type or Print)	Al Woods			ry 26, 196	66 1:30 a _M
3. PLACE OF D	EATH IN BALTIMORE, MARYLA	AND	4. USUAL RESIDENCE (Where	deceased lived, If in	stitution: residence before admission)
			A. STATE B. COUNT	Y	8-07
FULL NAME HOSPITAL O	R oddress or location)	stitution, give street	Maryland c. CITY OR TOWN (If outs	ide city limite weite [RURAL ond give township)
INSTITUTION	Provident Hosp	ital	Baltimore	de chy mans, ware i	NORAL OIL GIVE TOWNSHIP?
1	1514 Division	Street	D. STREET ADDRESS. (If to	nol, give location)	
	Baltimore, Mar	yland 21217	1628 Elfworth	Street	
. SEX		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yı. If Under 24 Hrs. Months Doys Hours Min,
Male	Negro	Single	9-24-01	65	
	CUPATION (Give kind of work 108, of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
1	boren	Potised	N. C.		U.S.A.
3. FATHER'S N		7 3 1 1 1	14. MOTHER'S MAIDEN NAM	E	
	C 1 k.	1420	2	inkour	
5. Was Deceas	ed Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	an I com	ADDRESS
	wn) (If yes, give wor or dotes of	service) SECURITY NO.	0 1 1 1		11
		092-4-2853	ICAIVIN-LUCI	95 /6	38 E 115 WIKTH
18.	331/1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIRECT		**	\	
(This days	LEADING TO DEATH		V. A. (embolism	1)	
heort failur	not mean the mode of dyi e, osthenia, etc. It meons the	diseose,			
injuly of c	omplication which coused dec	oth.)	rial fibrillatio	m	
	ANTECEDENT CAUSES	DUE TO		7.2.2	
	OR CONDITIONS, if any,				
	the above cause (A) sto NG CONDITION last.	ling the (C)			
	li .				
OTHER SIG	NIFICANT CONDITIONS CON	TRIBUTING			
	DEATH BUT NOT RELATED OR CONDITION CAUSING IT.	TO THE			
19A. DATE	OF OPERATION 198. CONDITION	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED
20	WAS PERFOR	WED		IN CERIIFIING CA	OSES OF DEATH:
21A. ACCIE	DENT WAS UNDERLYING DENT WAS UNDERLYING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, foctory, street,	of obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
DEATH (not	tify medical examiner	etc.)	mice biogr, mesoki occok.		
21 D. TIME	(Month) (Doy) (Yeoi) (H	Sour 21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY		While At Not Whi	le 🖂		
		Work At Work			
22. I certi	fy that (1) (this hospital) at	tended the deceased from JE		66 to Jani	uary 26, 19 66
that (1) (w	e) lost saw the deceased o	live on January 2	263 19 66 ond tha	t in (my) (aur) api	nian death accurred an the date
and hour o	and from the couses stated	above. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNA		/			23 B, DATE SIGNED
		M.D. AH	ending Med. Director F	hys. XX	January 26, 196
23C.PHYSIC	CIANS	R	23D. ADDRESS	11 20 ROPHLP	January 20, 190
NAME	(Typel	M.D.		ion Chapai	
244 8115141 =			1514 Divis		
REMOVAL	REMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION	ty, town, or county) (State)
Burl	Al 2/5/65	M. Cullu	un len. 1	alla	m d.
25A. DATE REC	'D BY HEALTH DEPT. 258	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Bornes 15	ADDRESS
10.7	EER & 1966 V	1 . 15 E. Walley Mill	Cleatt They	O Now	117611 (Beach

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VS 150-REV. 1/1/65



00 01252	BALTIMORE CIT	Y HEALTH DEPARTMENT	66 01353
MRTH NO. 66 01353	CERTIFICA	ATE OF DEATH Registered N	
M.E CASE NO. 1. NAME OF DECEASED (William WILLIAM AN)	Henry Williams DERSON	2. DATE AND HOUR OF DEA	TH 1035
3. PLACE OF DEATH IN BALTIMORE, MARYLA FULL NAME OF (If not in hospital or in	AND	4. USUAL RESIDENCE (Where deceased food. A. STATE B. COUNTY MARYLAND	7-05
HOSPITAL OR oddress or location) THE JOHNS HOPKINS	HOSPITAL	C. CITY OR TOWN (If outside city limits, with BALTIMORE D. STREET ADDRESS (If rurel, give location)	
		1838 E. MADISON ST	REET
MALE NEGRO M	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) ARRIED	3-8-99 9. AGE (In years lost birthday) 66	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. done during most of working life, even if jetired). Returned Chauffeur	KIND OF BUSINESS OR INDUSTR	md	12. CITIZEN OF WHAT COUNTRY?
BOB ANDERSON		CORNEL IUS	
15, Was Deceased Ever in U. S. Armed Forces? (Yos, so or unknown) (If yos, give wor or dates of	service) 1 6. SOCIAL SECURITY NO.	MAKA TILIMIANA 18	ADDRESS
18. 422.11	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	(A)	CVA	28h.
(This does not mean the made of dyi heart failure, asthenia, etc. II means the injury or camplication which caused dea	ng, e.g., DUE TO disease,	100UD	00 00 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ANTECEDENT CAUSES	(B)	NOUND	years
DISEASES OR CONDITIONS, if any, rise to the above cause (A) sta UNDERLYING CONDITION last.	giving		
OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TRIBUTING TO THE		
	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., home, farm, foctory, street, etc.)	in or obout 216: WHERE DID (If in Bolti office bldg., INJURY OCCUR?	more City, givo exact lacotion)
	While At Not Work At Work		
22. I certify that (I) this hospital) at that (I) we) last saw the deceased a	7.17	2/3 19 (ta	apinion death occurred on the date
and haur one from the courses stated			
23A, SIGNATURE ALMUNIO A LOUI 23C, PHYSICIAN'S	wholat M.D. A	ttending Med. Stoff Phys. 2320 Appears	238. DATE SIGNED / 2/3/64
DANIEL G. 1	COBINHOLD M.E	23D. ADDRESS	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Durial 2/8/64	mt. aubur	REMATORY 24D. LOCATION Westport	(Stote)
25A, DATE REC'D BY HEALTH DEPT. / 25B	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	n 1/29A, Carolino
VS 150-REV. 1/1/65		Julia I de constant	1 × 1111 annous



(4) Undetermined cause; contributing occurred regular death = 0 SD direct 3 IMPORTANT death kind; any pronounced Also, of fracture FUNERAL DIRECTOR: who 4 3 the physician the chief medical burns; (6) No physician was Body 0 to the hospital by here 2 nature; approved by 3 (except any of hospital was released accident

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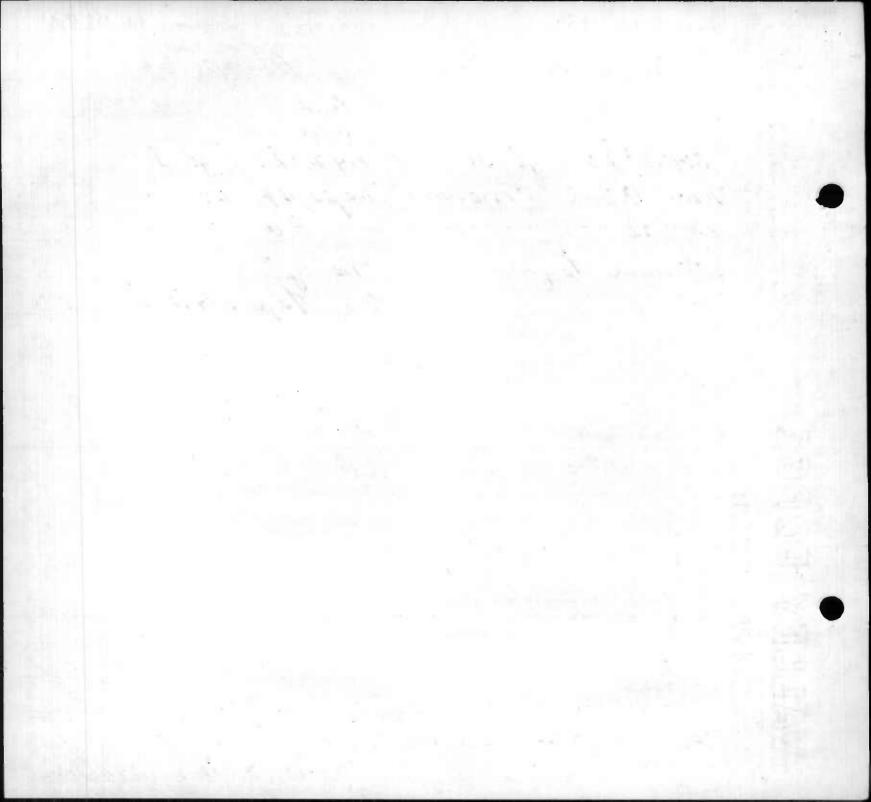
(5) COUSE

of death Deceased

hospital

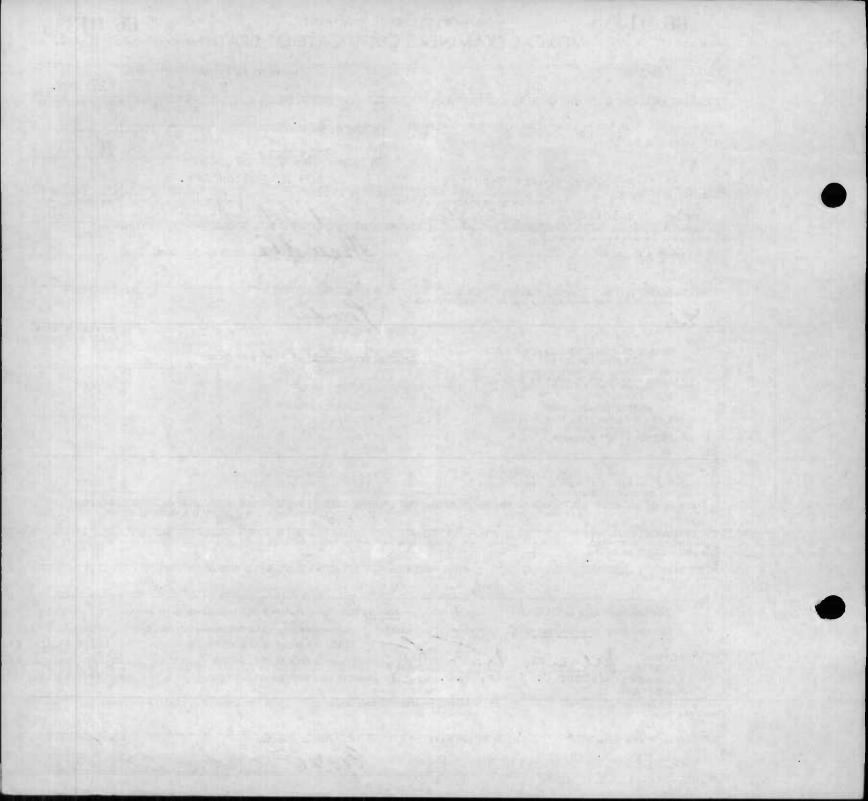
BALTIMORE CITY HEALTH DEPARTMENT 66 01354 Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO.

1. NAME OF DECEASED
(Type or Print) 2. DATE AND HOUR OF DEATH 02 RESIDENCE (Where deceased 3. PLACE OF DEATH IN BALTIMORE MARYLAND fived. If institution; residence before admission) COUNTY A. STATE (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or lacation) C. CITY (If outside city limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) is made. 5. SEX MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (K) If Under 1 Yr. Months: Doys II Under 24 Hrs. veors WIDOWED, DIVORCED (specify) lost birthdoy) Hours Jarried or foreign country 10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (Stote 12. CITIZEN OF or final disposition WHAT COUNTRY? done during most of working life, even if retired) 0 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME mul 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dotes of service) ADDRESS 6. SOCIAL SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO hearl failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the obtained before the remains UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, larm, lactory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notily medical examiner) etc) 21 D. TIME (Month) (Doy) (Year) (Hout) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) At Work Work 22. I certify that (1) (this hospital) ottended the deceased from. pe that (1) (we) last saw the deceased alive an and that in(my) (aur) opinion death occurred an the date and hour and fram the causes stated obave. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED Med. M.D. Attending Stoff Phys. Director Phys. written approval 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D. 0 BURIAL CREMATION. CREMATORY LOCATION (Stote) town, or county! REMOVAL (Specify) DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

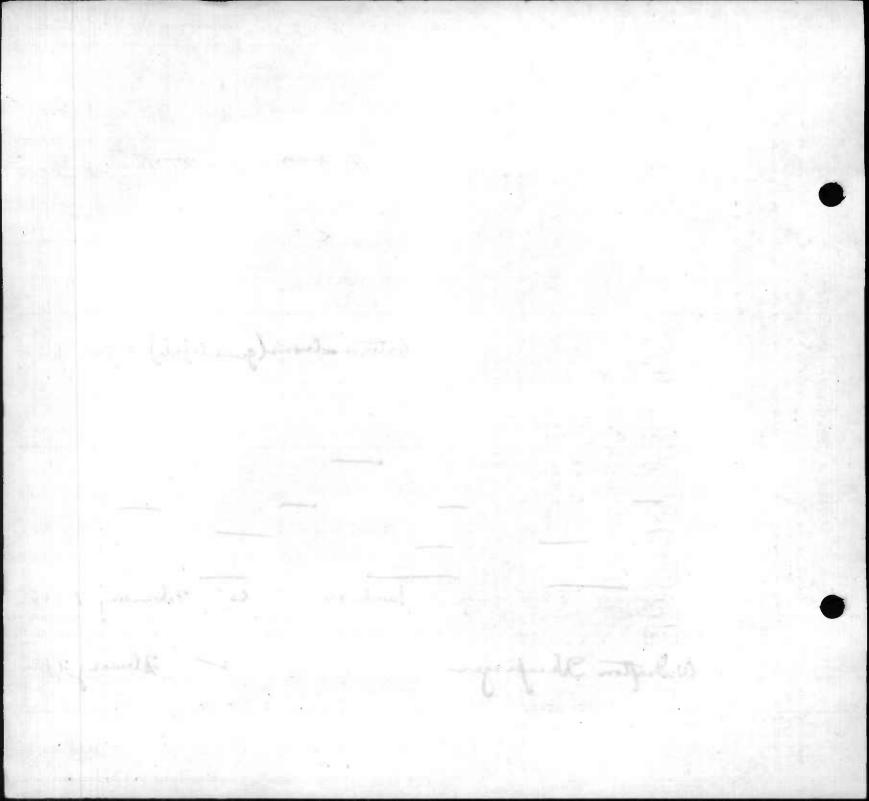


	4,4,	
BIRTH	NO.	

5-400	66 01355 BALTIMORE CITY HEALTH DEPARTMEN MEDICAL EXAMINER'S CERTIFICAT	00 01000				
0-700	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD				
	(Type or Print) James Salley	2/4/66 12:10 p.				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDE	NCE (Where deceased lived. II institution: residence balare admission)				
		yland B. COUNTY				
	HOSPITAL OR ADDRESS OR LOCATION)	(If outside corporate limits, write RURAL and give township)				
		ESS (If rurol, give location)				
-	Franklin Square Hospital 40	9 N. Fulton Ave.				
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH WIDOWED, DIVORCED (specify)	9. AGE (In years If Under 1 Yr, II Under 24 Hrs. Months, Doys Hours Min.				
	male colored Single aftel 1	1914 51				
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11 STRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	Lubour	added, County Vis.				
	13. FATHER'S NAME	AIDEN NAME				
	trank Hulley anni	e Luves				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	ADDRESS				
	Ms Level	N. Carlotte and the second				
	18. CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY					
	LEADING TO DEATH ACUTE MYOCARD	al intarction				
	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)					
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO					
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
	O E II					
	O THE DEATH BUT NOT BELATED TO THE					
	TI DISCASE OR CONDITION CAUSING IT					
	WAS PERFORMED	(Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH?				
CONTROL SAN	yes					
	UNDERLYING OR CONTRIB-	HERE DID (II in Boltimore City, give exact location) OCCUR?				
		W DID INJURY OCCUR?				
	WHILE AT NOT WHILE AT AT WORK					
	22.					
	I certify that I held an Inquiry Inspection Autopsy X and that on this basis, death in my apinion resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner					
		DATE SIGNED				
	SIGNATURE MUNICIPALITY M.D. ASSISTANT ME	EDICAL EXAMINER \(\frac{\text{X}}{2}\)				
	EXAMINER'S Werner U. Spitz, M.D. ASSOCIATE MI	EDICAL EXAMINER				
	23A, BURIAL CREMATION, 23B DATE , 23C NAME of CEMETERY of CREMATORY	23D. LOCATION (City, town, or county) (State)				
	REMOVAL (Specify)	10 12. 1 1-1				
	24A-DATE REC'D BY HEALTH DEPT: 24B, NAME OF REGISTRAR 24C. FUNERA	Wines judge trush fa				
	20 10 10 10 10 10 10 10 10 10 10 10 10 10	BOOL D'- I				
	FEB 8 1986 P Cant E. John John	ht. Cleekeen 1/29 M. Carkinst				
	VS 151-REV. 1/1/65					



VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT **DIRECTOR:** FUNERAL

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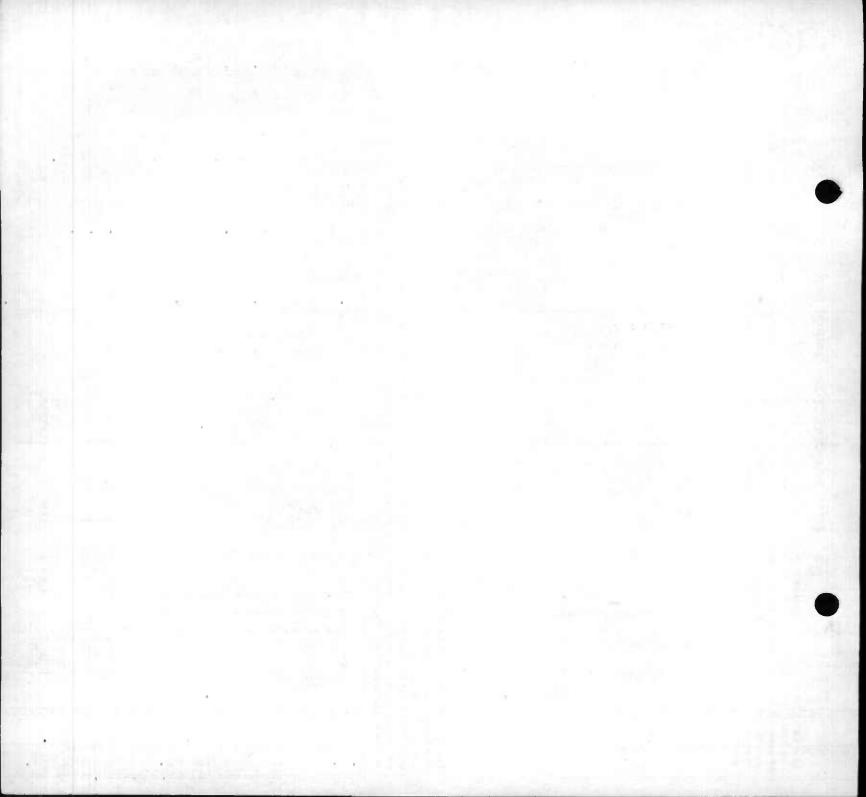
25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

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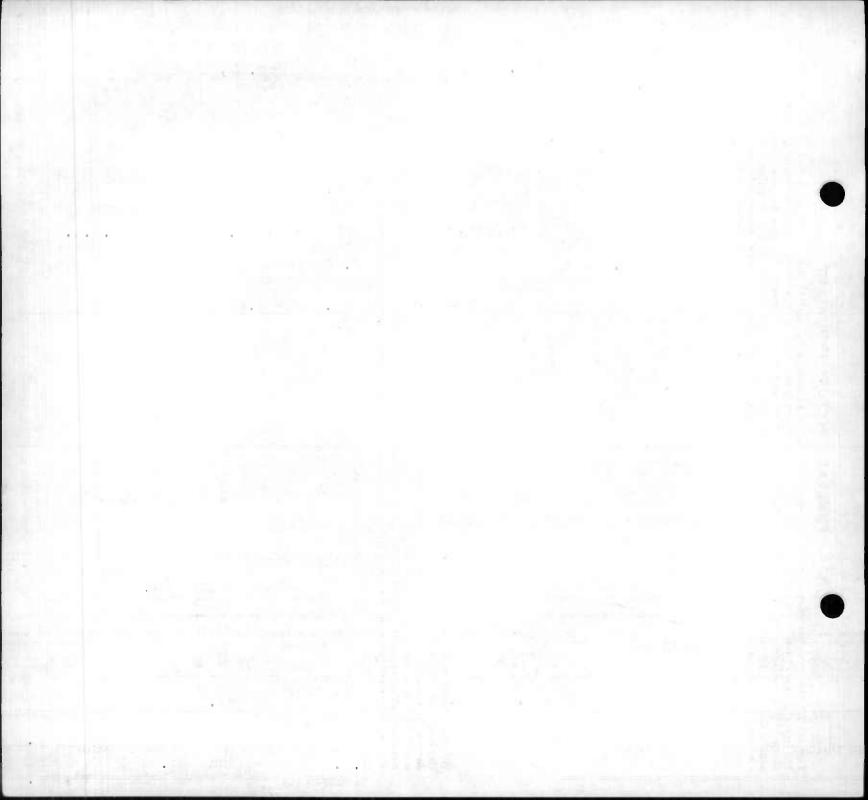
Registered No. 66 (1135 (If outside city limits, write RURAL and give township) Kirkley Villa, 4301 Roland Ave. If Under 1 Yr. If Under 1 Days Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Mrs.Martin W.Dippold, 4200 Westview Rd. INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (our) opinion death accurred on the date 23B, DATE SIGNED (City, town, or county) (Stote) Baltimore Md. 25C. FUNERAL DIRECTOR ADDRESS H.W. Jenkins & Sons Co. 4905 York Rd. Balto.12



VS 150-REV. 1/1/65

		BALTIMORE CITY	HEALTH DEPARTMENT		00 0100
BIRTH NO. 66 013	358	CERTIFICA	TE OF DEATH	Registered Na	66 01358
M.E. CASE NO. 1. NAME OF DECEASED			2. DATE AN	D HOUR OF DEATH	4 70 0
(Type or Print) EC 3. PLACE OF DEATH IN BALTIMO	ward R.	West	Feb	. 7. 1966	130P N
3. PLACE OF DEATH IN BALTIMO	RE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	e doceased lived. Il in:	stitution: residence before admission
FULL NAME OF (If not in	hospitol or institut	ion, grvo street	Maryland		27-14
HOSPITAL OR oddress of INSTITUTION	r location!		C. CITY OR TOWN (If outs	side city limits, write R	URAL and give township)
0	2 Club R	003	Baltimore D. STREET ADDRESS (II)	rurol, give location)	
300	CTUD I	oad	302 Club Ros		
SEX 6. RACE		RIED, NEVER MARRIED		7. AGE (In years	If Under 1 Yr If Under 24 Hrs.
M W		Married (specify)	12/10/1885	lost birthdoy)	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kin	d of work 10 B. KIN		11. BIRTHPLACE (State or foreig		12. CITIZEN OF
one during most of working life, even i Salesman		loofing	Rolltimone I	Ma	WHAT COUNTRY?
3. FATHER'S NAME	10	OOTTIIR	Baltimore, 1	AE	U.S.A.
Edward R. Wes	st		J. Cassard		
. Wos Deceased Ever in U. S. A es, no or unknown) (If yes, give wo		1 6. SOCIAL	17. INFORMANT		ADDRESS
	or dates of sorv			7.7	
Yes WWI	P = - 1	212-05-9808 CAUSE-9		.West	(Same)
DISEASE OR CONDITI	Q G D X	CAUSING	TOTAL /		ONSET AND DEATH
LEADING TO		(1)	Mercarelon	110	
(This does not mean the n					
heart failure, asthenia, etc. linjury ar camplication which		ose,			
ANTECEDENT	AUSES	(B)			
DISEASES OR CONDITION	S, if any, gi	ving			
rise to the above caus		the (C)		00 000 00 00 00 00 00 00 00 00 00 00 00	***************************************
11			A //		
OTHER SIGNIFICANT CONDIT	IONS CONTRIBL	TING	Victor 1		
TO THE DEATH BUT NO DISEASE OR CONDITION CA	U SING IT.	V 22	vaes		
19A. DATE OF OPERATION	B. CONDITION F	OR WHICH OPERATION	20 A. AUTORSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
21A ACCIDENT WAS LINDER	VINC -	210 DIACE OF INITION/ :	100		
OR CONTRIBUTING CAUSE	OF	218. PLACE OF INJURY (e.g., i homo, lorm, lactory, street, o etc.)	ffice bldg., INJURY OCCUR?	(If in Bolhmere	City, give exect lecetion
21 D. TIME (Month) (Day)					
OF INJURY	(Year) (Hour)	21 E. INJURY OCCURRED While At Not While	21F. HOW DID INJU	JRY OCCUR?	· 1 +
(APPROX)		Work At Work	10/17	1	74/
22. I certify that (1) (this h	ospital) attend	ed the deceased from	1 7 / 1	910	ev / 1966
that (1) (we) last saw the c			19 66 and tha	it in (my) (cor) apin	ion death occurred an the dat
and hoor and from the caus	es stated abov	e. (1) (the) (did) (did not) v	riew the bady after death.		
28A. SIGNATURE 14	XX				23B. DATE SIGNED
100	1 109	M.D. Alle		Siofl Phys.	2-8-66
23C. PHYSICIAN'S NAME (Type)	. //		23D. ADDRESS		
Will	iam G.	Helfrich M.D.	5006 Roland	Ave.	
AA. BURIAL CREMATION, 248. E	ATE 24	C. NAME of CEMETERY OF CRI			y, town, or county) (State)
Burial 2/9	/1966	Greenmount	Ra	ltimore	Md.
SA. DATE REC'D BY HEALTH DE		ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
reb 8 1966	Charles Is	E. JOHNSON	H.W.Jenkins	& Sons Co.	4905 York Road

Baltimore 12, Md.



(4) Undetermined cause; (5) Deceased

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VS 150-REV, 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 66 111350 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Feb. 5, 1966 Barbara E. Mathis 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND Maryland FULL NAME OF (Il not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) 0 Harford Nursing Home prior (If rurol, give location) 4700 Harford Road 16 N. Luzerne Ave. is made. 9. AGE (In years lost highday) 6. RACE 7. MARRIED, NEVER MARRIED If Under 24 Hrs. Hours : Min. 5. SEX If Under 1 Yr. deceased Months Doys Hours WIDOWED, DIVORCED (specify) Widowed Female 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR) 12. CITIZEN OF WHAT COUNTRY! 11. BIRTHPLACE (State or foreign country) disposition done during most of working life, even if retired} U.S.A. Housewile Maryland
4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the Elizabeth
17. INFORMANT George Woelfel 0 5. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL or final SECURITY NO. attendance Mrs Marie Reed 3810 Forrester Ave. no INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed ntoniosoloretio Heart Diverse LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, regular injury or camplication which coused death,) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stating the before the remains UNDERLYING CONDITION lost. SDM CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 5 TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF °N DEATH (notify medical examiner) MEDIC, obtained 21 D. TIME (Month) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While While At (APPROX.) and Work At Work

22. I certify that (1) (this haspital) attended the deceased from 6 that (1) (we) last saw the deceased olive an and that In (my) (our) aplnian death occurred on the date and have and from the causes stated obave. (1) (We) (did) (did-eqt) view the body after death. 23A. SIGNATURE 238. DATE SIGNED Med. Director Stoff Attending Phys. M.D. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Holy Redeemer 2/9/66 BY HEALTH DEPT. Cemetery BC

John A. Moran, Inc. 3000

and the

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are ambuland actional discessed prior to death. Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

VS 150-REV. 1/1/65

		BALTIMORE CITY	HEALTH DEPARTMENT		CC 01200
BIRTH NO. 66 ()	1360	CERTIFICA	TE OF DEATH	Registered No.	66 01350
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	atherine	Gibbons	2. DATE ANI	HOUR OF DEATH	7 50
B. PLACE OF DEATH IN BALTI		ALOBON'S	4. USUAL RESIDENCE (Whore	docoasod lived. Il in	stitution: residence before edmission
	in hospital or institu s or location)	tion, give stroet	C. CITY OR TOWN (If outs	/	RURAL and give township)
	General	Hospital.	Daltimore D. STREET ADDRESS (If in	utol give location)	
827 Lin	ch meb.	e 21201	2839 St.		Ç
5. SEX 6. RACE		RIED, NEVER MARRIED OWED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A. USUAL OCCUPATION (Give done during most of working life, even		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME	,		14. MOTHER'S MAIDEN NAM	AE .	
Peter A	. Gibb	ions.	Sarah	Kelley	
5. Was Deceased Evol in U. S. Yes, no ar unknown) (II yes, give	Armed Forces? wor or dotos of sorv	ice) 1 6. SOCIAL SECURITY NO.			ADDRESS
Unka			Hospital	Chart	
DISEASE OR CONE		CAUSE O	F DEATH		ONSET AND DEATH
DISEASES OR CONDITIONS TO THE CONDITION OF THE CONDITION	ouse (A) stating N lost,	iving The (C)) Y ems y		
OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO				
19A. DATE OF OPERATION		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAL	DERLYING DISE OF	21B. PLACE OF INJURY (o.g., i homo, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(II in Boltimore	City, give exect location)
21D. TIME (Month) (D OF INJURY (APPROX.)	oy) (Yeor) (Hour)	21 E. INJURY OCCURRED While At Not While Work At Work		JRY OCCUR?	
22. I certify that (1) (thi	s hospital) attend	ded the deceased from	2/4 1	9 66 10	2/6 1961
tha (1) (we) last saw th		1 .	1 1		nian death accurred on the
and haur and fram the c	auses stated aba	ve. (1) (We) (did) (did nat)			
23A SIGNATURE		00		S. H. —	23 B. DATE SIGNED
John	W. 27	etty M.D. Att	s. Director	Stell Phys.	99/9/2
23C. PHYSICIAN'S NAME (Type)		+ 65	23D. ADDRESS	1	
John	M. 2	Tetty M.D.	D 7 1 712	den AV	e, 21201
24A. BURIAL CREMATION. 241 REMOVAL (Specify)	DAIR 2	4C. NAME of CEMETERY OF CR	Charles and the same		ty, town, or county) (State
Burial 25A. DATE REC'D BY HEALTH	2/70/66 DEPT. 258. NA	St. John's Cer	netery Lor	ng Green, 1	Nd. ADDRESS
FEB 8 196	6 00 6	E. Farluma	John A. Moran	Inc. 3000	E. Balto. St

and that in(my) (aur) apinian death occurred an the dote Cemeter dal DIRECTOR John A. Moran, Inc. 3000 VS 150-REV. 1/1/65

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			BALTIMORE CITY	HEALTH DEPARTMENT		
	BIRT	TH NO. 66 01362	CERTIFICA	TE OF DEATH	Registered Na	66 01362
		CASE NO.	021(11110)		NO HOUR OF DEATH	102
		PO or Print) PONOTELL (CONSTANCE	Ţ	Joh 7 196	06 7 7 4 4
	3. F	LACE OF DEATH IN BALTIMORE, MAR	YLAND	4. USUAL RESIDENCE (Who	ere decoosed lived. If ins	titution: rosidence before admission)
				Maryland	NIII	602/
		FULL NAME OF (If not in hospitot of HOSPITAL DR oddress or location) NSTITUTION	r institution, give stroet	C. CITY OR TOWN (If or	utside city limits, write RI	JRAL and give township)
		JOHNS HOPKINS	Hospital .	Baltimore		
	15	JOHNS LOLETINZ	1103PILLIC.	D. STREET ADDRESS	rurol, give location)	
				114 N. Laker	wood Avenue	
0	5. S		7. MARRIED, NEVER MARRIED WIDOWED, DLYORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdox) 43	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
E		emale White	Married (specify)	8-3-22		
_		. USUAL OCCUPATION (Give kind of work) e during most of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	nign country)	12. CITIZEN OF WHAT COUNTRY?
9		Housewile		Baltimore 1	Januland	USA
081	13.	FATHER'S NAME	-	Baltimore, A	ME	
Sp		Luigi DiMassimo		Catherine	Yanelli	
lined before the remains are embalmed or final disposition is made.	15.	Was Deceased Ever in U. S. Armed Forc	es? 16. SOCIAL	17. INFORMANT		ADDRESS
	(Te:	s,no or unknown) (If yes, give war or dotes	of sorvice) 275-74-9368	Royal Joseph	Powell, 114	N. Lakewood Av
	-	18. 2.2.7 V I	CAUSE O	<u> </u>		INTERVAL BETWEEN
		DISEASE OR CONDITION DIRE			- 1	ONSET AND DEATH
Dec		LEADING TO DEATH	(A) J	ucreased tu	Vacianial +	lossure
		(This does not mean the mode of heart failure, asthenio, etc. It means	071119, 0.g., DOL 10	. Affin a line distance in the second in the second and the second		. C o g (1)
کم		injuly of complication which coused		Brain Tune	***	3 wks.
		ANTECEDENT CAUSES	DUE TO	Ciara rame	/1	2 000
70		DISEASES OR CONDITIONS, II .				
		uise to the obove couse (A)	stoting the (C)			P
		I				
E	N O	DTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING			
7	ATI	TO THE DEATH BUT NOT RELATEDISEASE OR CONDITION CAUSING IT				
‡	FIC	19A. DATE OF OPERATION 19B. CONE	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yos or N	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
10	ER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	O U	Ul in Retrimon	City, give exact location)
pproval must be obtained before the remains are embalmed or final	بر	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	lico bidg., INJURY OCCUR?	(II III DOINTHOTE	City, give exact /oconon)
	U	DEATH (notify modical examined	00			
160	MED	21D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21 E. INJURY OCCURRED While At	21F. HOW DID IN	JURY OCCUR?	
0	-	(APPRDX.)	Work At Work			
		22. I certify that (1) (this hospital)	attended the deceased fram	1 3	19 66 to 2	7 19 66
		that (I) (we) last saw the deceased	d alive an 27	19 6 a and t	hat in (my) (our) apin	lan death accurred an the date
15		and haur and fram the causes state	ed abave. (i) (<u>We)</u> (<u>did</u>) (did nat) v	riew the bady after death.		,
שכ		23A SIGNATURE	-0-11-5			23B. DATE SIGNED
		(harles De	ulow, M.D M.D. Att	ending Med. S. Director	Stoff Phys.	2 7 66
OVC		23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	0 -	DIL
pr		CHAPLES BUD	.c.m AM MOT	601 N. B	roadway	Dalto,
g D	244	BURIAL CREMATION, 248. DATE	24CJNAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (City	r, town, or county) (State)

BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25B. NAME OF REGISTRAR 25B. NAME OF REGISTRAR 25B. Salvey J. J. 1966 FEB

m Baltimore,
25C. FUNERAL DIRECTOR

ADDRESS

VS 150-REV. 1/1/65

written

John A. Moran, Inc. 3000

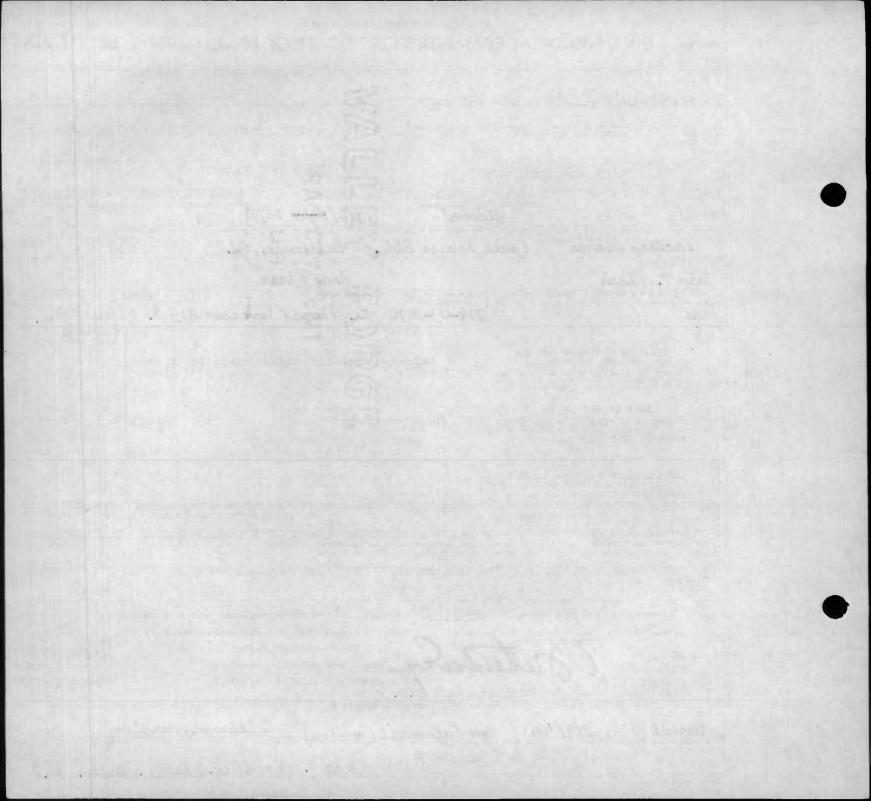
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BIR	rh No. {	66 013MED	ICAL EXAMINER	R'S CE	RTIFICATE C	OF D	EATH Register	ed No	66 01363
_	E CASE NO.								
1. NAME OF DECEASED (Type or Print) MARY SEVERSON					2. DATE AND HOUR PRONOUNCED DEAD				
					February 5, 1966 6:45 A _M .				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET					4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission B. COUNTY			once before admission)	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)				c. CITY OR TOWN (II		carparete limits write	RIIRAL on	d give township)	
IN S	TITUTION	ADDRESS OR FOCA				المحسب	1 de la misma		
City Hospital					Baltir D. STREET ADDRESS (III				<u></u>
1		City Hospi	tal		818 S		lwood Ave.		
5. 5	FX	6. RACE	7. MARRIED, NEVER MARRIE	D	B. DATE OF BIRTH	111		I If Under	1 Yr. If Under 24 Hrs.
female white widowed widowed				5/6/2000	1878	9. AGE (In years lost birthdoy)		Days Hours Min.	
			TOB. KIND OF BUSINESS OR I	INDUSTRY	11. BIRTHPLACE (Stote or	foreign	00	12. CITIZEI	N OF
	e during most of v	varking/life, even if retired)	Court Square	0.1.1	0 1		//4 #		COUNTRY?
13.	FATHER'S NAM	u worker	Court square		Baltimo			us	71
(John P	Clark			Anne (La				
15.	WAS DECEASE	D EVER IN U.S. ARMED	FORCES? 16. SOCIAL		17. INFORMANT			ADDRESS	
	, na or unknown)	(If yes, give war or date	s of service) SECURITY N	10.	-	C	015	_	1
	No		214-03-		Mr. Thomas	Jei	renson ois		-
	1B. 42	2.11		CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION DE	RECTLY	rterio	sclerotic car	rdio	vaccular di	00000	
	(This does n	LEADING TO DEATH of mean the mode of	dying, e.g., DIF				vasculai ui	sease	
	heart failure,	osthenio, etc. It means nplication which coused	the discose.						
		NITECENIDENT CALIS	:¢						
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO								
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,								
Z			(C)						
CERTIFICATION		11							
0		VIFICANT CONDITIONS DEATH BUT NOT RE							
₹ F	DISEASE OR CONDITION CAUSING IT.				Look Allzoneva /V.	N P	DOD IF YES WERE SINI	DINGS 66	NICE PROPER
CE	194, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED				20A. AUTOPSY? (Yes o		IN CERTIFYING CAUSI		
AL	21 A. EXTERNA	CAUSE WAS	21 B. PLACE OF INJU	JRY (e.g., is	no or obaut 21C. WHERE I	DID (I	If in Boltimore City, giv	e exoct los	cation)
OICA	UNDERLYING UTING CAU		hame, form, foctory,	street, of	fice bldg., INJURY OCCU	JR?			
MEDI	21D TIME		t) (Hour) 21E. INJURY OC	CHREE	DIE HOW DIE	S INCLU	BY OCCUPA		
	OF INJURY	(Month) (Day) (Yeo			21 F. HOW DID	חנאו כ	RY OCCUR?		
	(APPROX.)		m. WHILE AT WORK	NOT W	ORK				
	22. 1 cert	ify that I held on I	nquiry Inspection	Auto	opsy ond that	on this	s bosis, deoth In my	y opinion	
	resul	ted from: Natural co	uses X Accident	Suicide	Homicide	U	ndetermined manne		
		1/11	1	7	CHIEF MEDICA	L EX	AMINER		
	ACTUAL		To It Contribe	7M.D.	ASSISTANT MEDICA				DATE SIGNED
10	SIGNAT	. 101/	Concept of -	- Mo Do	ASSOCIATE MEDICA				2 5 66
	NAME (Type) Rudige	r Breitenecker,	M.D.	Add dir te media				2-5-66
	MOVAL (Specify	MATION, 238 DATE	23C. NAME of GE					town, or co	
	Burial	2/9/	166 New Cath	2		Ba	ltimore, Ma	nular	nd /
24	A. DATE REC'D	BY HEALTH DEPT.	24R NAME OF RECHATRAR		CAR FUNERAL DIRE	ECTOR	7.00	Al	DDRESS
	CCC	8 1986 0	Rato E. Falley	LR	01 1 1	4	0		
1/10	151-REV. 1/1/				John A. M	b ra	n, Inc. 3000	E. 1	Salto. St.
A 2	131-KEV. 1/1/	UJ		1	1	5			



5. SEX

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV, 1/1/65

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death.

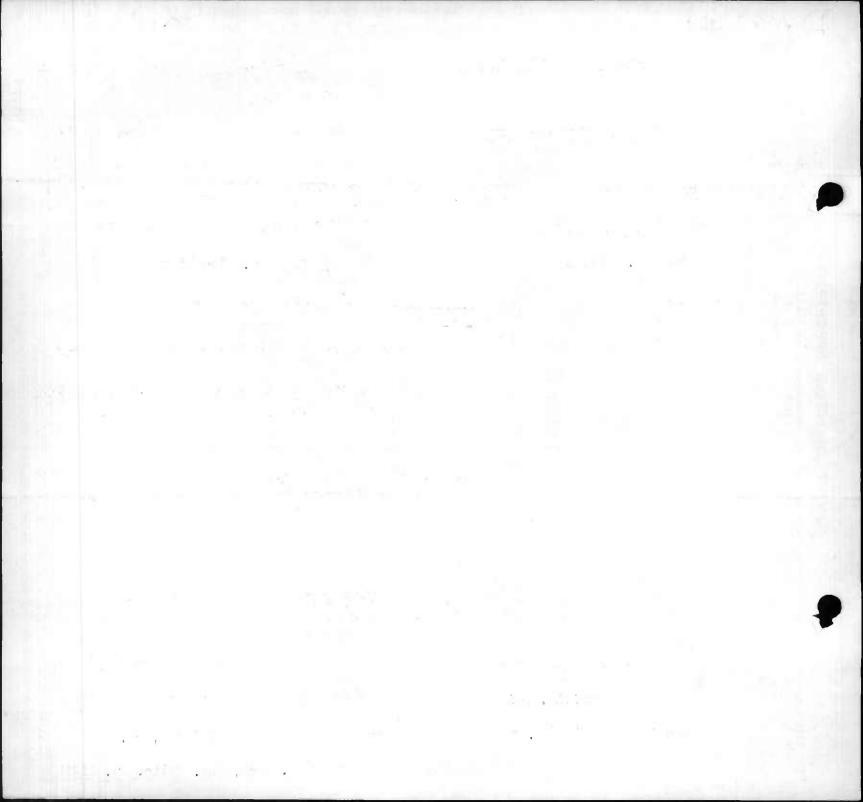
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and

	BA	ALTIMORE CITY	HEALTH DEPARTMENT	· · · · · · · · · · · · · · · · · · ·	00 01001
	H NO. 66 01364 CI	ERTIFICAT	TE OF DEATH	Registered No.	66 01364
l, N	AME OF DECEASED, Je or Print) Dail, Zikel Marie	1 1	2. DATE AND	HOUR OF DEATH	8:50 a: M.
	LACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	deceosed lived. If instit	ution: residence before odmission)
H	ULL NAME OF (If not in hospital or institution, give street oddress or location) NSTITUTION		C. CITY OR TOWN . (If outs	side city limits, write RUF	RAL ond give township)
	nontebello Stole Hopetal		D. STREET ADDRESS (IF 1) 4203 Fasse	Orol, give location) Re. Aug.	5, 52 5,
5. S	EX 6. RACE 7. MARRIED, NEVER A WIDQWED, DIVORE Sendle			ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
done	USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINES eduring most of working life, even if retired) Selephone Operator	S OR INDUSTRY	Maryland	gn country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME	1	14. MOTHERS MAIDEN NAM	ΛE	
	Frank J. Dail		nettre 1	3. Slaughter	
	Was Deceased Ever in U. S. Armed Forces? 1, no or unknown) (If yes, give wor or dates of service) NO	IAL URITY NO.	7. INFORMANT Herpelol Re	Berds	ADDRESS
	18. 4 6 6 X I 212-05.	-04 FAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Pres	menery Em	Eolesm!	3 days
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	DUE TO	2 2 2	0 . 1	P
	ANTECEDENT CAUSES	(B) VINO	m peoces of the	xocusy	ununoun
	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.	(C)	llemetels		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	leumalo	ed overfictes		25 Jeans
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	ES OF DEATH?
U	21 A. A CCIDENT WAS UNDERLYING 218 PLACE C	OF INJURY le.a., in	or about 21 C. WHERE DID	(If in Boltimore C	City, give exact location)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, if the above couse (A) UNDERLYING CONDITION last. Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS C THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? CAL DEATH (notify medical examiner) etc.) MEDI 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased/fram that (I) (we) last saw the deceased alive an and that in (my) (aur) opinion death accurred on the date and haur and fram the causes stated abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. Staff Phys. M.D. Med. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Daniel 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 2/10 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION town, or county) (State)

Parkwood Cemetery 2/10/66. Baltimore, Md. 25B. NAME OF REGISTRAN ADDRESS 25C. FUNERAL DIRECTOR Leonard J. Ruck. Inc. Balto. Md. 21214



23A. SIGNATURE

23C. PHYSICIAN'S NAME (Type)

VS 150-REV. 1/1/65

24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)
Burial 2/10

25A. DATE REC'D BY HEALTH DEPT.
FEB 8 1966

2/10/66.

attendance on the

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prior to death.

		BALTIMORE CIT	Y HEALTH DEPARTMENT	Y	(1() ()		
BIRTH NO.	. 66 01365	CERTIFICA	ATE OF DEATH		66 41355		
1. NAME OF		, ARTHUR	EMUEL 2. DATE AT	7, 66	45 DH M.		
3. PLACE OF	DEATH IN BALTIMORE, MARYLAND		A. STATE MO. B. COUN	ore deceased lived. Il inst	itution: residence before admission)		
FULL NAM HOSPITAL INSTITUTIO	OR oddress or location)	tion, give street		OPPA ROAL	RAL ond give township)		
WHION	HENORIAL HOSPI	PAL		altimore	53.00		
	MORE 18 Hd		Maryland	rural, give location)			
5. SEX	WID	RIED NEVER MARRIED OWED, DIVORCED (specify) Marrie	B. DATE OF BIRTH Septa, 14,1901.	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,		
	CCUPATION (Give kind of work 10 B, KIN at of working life, even if retired)	4 . 4 / /.	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?		
	, , 0	ling by homely	HAYHESUILE,	UA	AHERICAM		
13. FATHER'S		0	14. MOTHERS MAIDEN NA				
Heller	Emul Braner			R. Anna S	LSSON		
15. Was Dece	osed Ever in U. S. Armed Forces? (If yes, give wor or dotes of server)	1 6. SOCIAL	17. INFORMANT		ADDRESS		
yes	m 1848 1914-19	212-05-3177	41FE , 141	6 EAST JORP	P ROAD, TOUSON A		
18.	(3 X I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DI	SEASE OR CONDITION DIRECTLY		Carcinoma	of the home			
heart fail	es not mean the mode of dying, uie, osthenio, etc. It means the dis- complication which coused death.)	e.g.,		of me mone	74 Limited		
	ANTECEDENT CAUSES	(B)			D 60 # 0 # 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	S OR CONDITIONS, if any, g	iving					
	the obove cause (A) stating YING CONDITION last.	the (C)	***************************************				
A DISEASE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
E 0 10	6) caremoke	a of me cim	/				
OR CONT	IDENT WAS UNDERLYING RIBUTING CAUSE OF cotify medical examiner	home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(II in Bollimore	City, give exact locotion)		
OF INJUI		21 E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	1-5		
(APPROX.		While At Not What Work At Work					
22. 1	tify that (1) (this bosnital) attend	ded the deceased from	9 7	19 6 6 to 2	7 10 66		

66 that (I) (we) last saw the deceased alive an and that in(my) (aur) apinion death occurred an the date and haur and fram the causes stated obove. (!) (We) (did) (dld nat) view the body after death. 23B, DATE SIGNED Dance Attending Phys. Med. Director Stoff Phys. 66 M.D. DANHVNA DANIEC

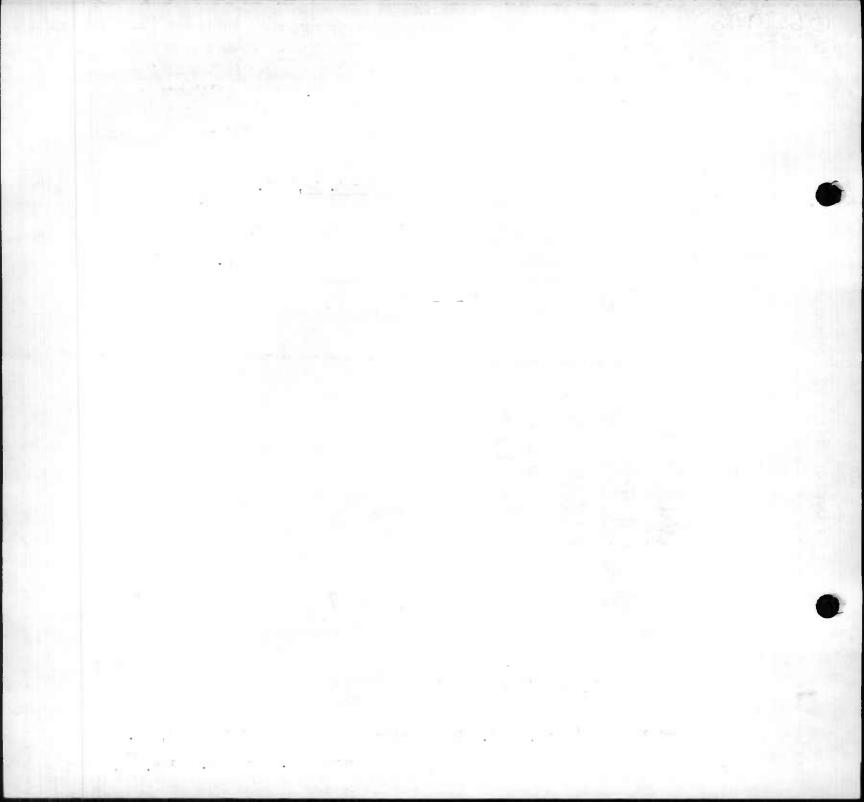
177 Q DATIEC M.D. MAD.

23D. ADDRESS

M.D. WWWD M

ATE 24C. NAME OF CEMETERY OF CREMATORY 6. Mt. Zion Cemetery

25B. NAME OF REGISTRAR Fountain Green, Md. 25C. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Md. ADDRESS 21214



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certificate

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released accident

Was at An

No

HOSPITAL OR

INSTITUTION

A.E. CASE NO.	SENNE
Type or Print TONNIS	SENNE
PLACE OF DEATH IN BALTIMORE, MARYLAND	
FULL NAME OF (If not in hospital or instituti	on, give street

oddress or location)

2. DATE AND HOPR OF DEATH USUAL RESIDENCE (W A. STATE B. COUNTY

lived. If institution; residence before admission) (If outside city limits, write RURAL and give township

C. CITY OR TOWN

ATE OF DEATH

(If rural, give location)

If Under 1 Yr.

Months: Doys

4940 Eastern Balto, Md. 21224 Avenue, MARRIED, NEVER MARRIED WIDOWED, DIYORCED (specify) hite emale idow

B. DATE OF 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR)

MARYLAND

9. AGE Iln 87 PIRTHPLACE (State or foreign country)

12, CITIZEN OF WHAT COUNTRY? U.S.A

Hours

If Under 24 Hrs.

done during most of working life, even if retired) Housewife 13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME Frances E. Tarr

CAUSE OF DEATH

17. INFORMANT ADDRESS

John Francis Potee 15. Was Deceased Ever in U. S. Armed Forces

6. SOCIAL SECURITY NO.

RECORDS: BCH 4940 Eastern Ave., Balto. Md. 21224

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(Yes, no or unknown) (If yes, give wor or dotes of service)

(This does not meen the mode of dying, e.g., hearl failure, asthenia, etc. Il means the disease, injury or complication which coused death,)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost,

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

CERTIFICATION DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED

20 A. AUTOPSY? (Yes or No)

Med. Director

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) (Month) (Doy) (Year)

home, form, foctory, street, office bldg., INJURY OCCUR?

(II in Boltimore City, give exact location)

MEDICAL 21D. TIME OF INJURY (APPROX.)

(Hour) 21E, INJURY OCCURRED While At Work

Not While Al Work

21 F. HOW DID INJURY OCCUR?

22. I certify that (1) (this hospita) Dottended the deceased from

66 and that way (our) opinion death occurred an the date that (1) (we) last sow the deceased alive an. .cel and hour ond from the causes stoted obave. (!) (We) (did) (did not) view the bady ofter deoth.

23A. SIGNATURE 23C. PHYSICIAN'S

M.D Attending Phys. 23D. ADDRESS

Stoff Phys.

23B, DATE SIGNED

Sidney D. Kreider 24A. BURIAL CREMATION, 24B. DATE

8

M.D.4940 Eastern Avenue, Balto, Md. 21224

(City, town, or county)

REMOVAL (Specify)

Loudon Park Cemetery Balt 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Leonard J. Res

24C. NAME of CEMETERY OF CREMATORY

Baltimore.

V\$ 150-REV. 1/1/65

25A, DATE REC'D BY HEALTH DEPT.

Leonard J. Ruck Inc. 5305 Harford Rd. #14

24D. LOCATION

- Bert Zen

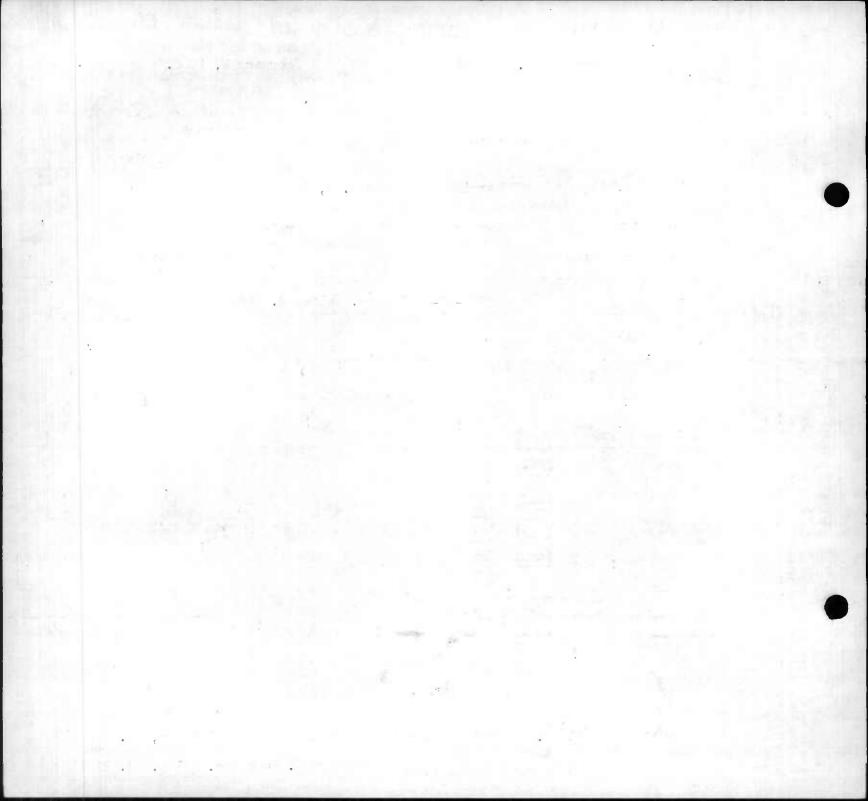
00 04905	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 01000	
BIRTH NO. 66 01367 M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered No.	66 01367	
NAME OF DECEASED			ND HOUR OF DEATH	0 0 0	
Erma U.	Shoup		uary 7, 1966	• 9.10	11
PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COU		nslitution: residence before of	dmi Ssion
FULL NAME OF (If not in hospital or instit	ution, give street	Md.		2.7-	-0
INSTITUTION		C. CITY OR TOWN (If o	Baltimore	RURAL and give township)	
/ 4901 Herring Ru	n Drive	D. STREET ADDRESS			
207/30		490:	1 Herring Ru	n Drive	
	RRIED, NEVER MARRIED	Sept. 5, 1912	9. AGE (In years lost birthdoy) 53	If Under 1 Yr. If Under Months Doys Hours	r 24 Hrs Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KII done during most of working life, even if retired) HOUSEWILE	Own Home	TI. BIRTHPLACE (Stote or for Georgia		12. CITIZEN OF WHAT COUNTRY?	
3. FATHERS NAME	OWII HOME	14. MOTHER'S MAIDEN N		ODA	
Sley Bird		Nother 3 Malbert II.	Alice Sa	phire	
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No	578-03-4833	Mr. Walter J.	Shoup	(Same)	
18. 157 X	CAUSE	OF DEATH		INTERVAL BETW	
DISEASE OR CONDITION DIRECTLY		<i>(</i>) .			
LEADING TO DEATH	(A)	are un	mato.	paure	20
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise la the abave couse (A) stoling UNDERLYING CONDITION fast.					
OTHER SIGNIFICANT CONDITIONS CONTRIES TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE				
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or I	IN CERTIFYING CA	FINDINGS CONSIDERED	10
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	Result 8	Louispay	a
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	ava Ca	de at the	bre
OF INJURY (Month) (Doy) (Year) (Hour		21F. HOW DID IN	IJURY OCCUR?		
(APPROX.)	While At Work At Work			1,	-
22. I certify that (I) (this hospital) atten	ded the deceased from h	N. 1962	.19 ta 7	WM2 19	60
that (1) (we) last sow the deceased alive	on Jan. 2	7 19 6 6 and 1	that in (my) (out) op	inian death occurred an	اسمطه
and hous and from the couses stated abo	ive. () (Will (did) (duling)		Sin 1	showery 7/16	160
23A. SIGNATURE	/	10:	1	238, DAVE SIGNED	
Thomas		tending Med.	Stoll Phys.	2/8/66	
230 PHYSICIAN'S Ingeborg V	Fromm L.D.	23D. Address Univers		East	
OLA PUBLIC CREATAVIOLA GARAGE	M.D	Baltimore	e. Md. 212	18	15.
REMOVAL (Specify)	24C. NAME of CEMETERY of C			ily, town, or county)	(Stote)
Burial 2/11/66.	Moreland Memoria		Baltimo		
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS	
FEB 8 1966 GE C.	To be a still been tolk	requard of K	ick inc. Bal	to. Md. 21214	

FEB VS 150-REV. 1/1/65

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Clark E. Falley 14 1966

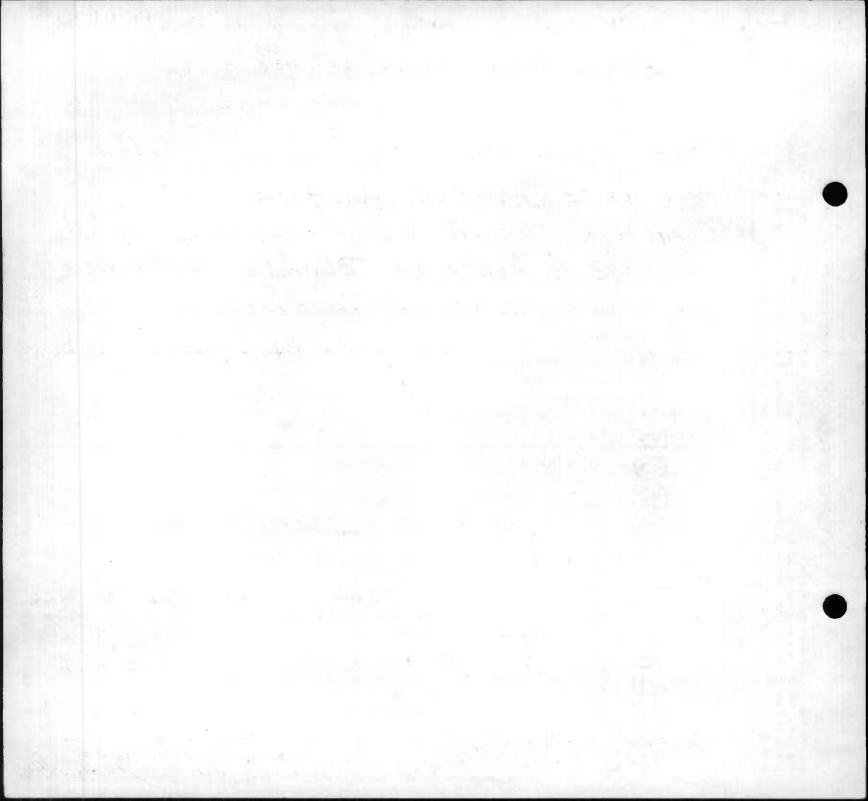
Ruck Inc. Balto.

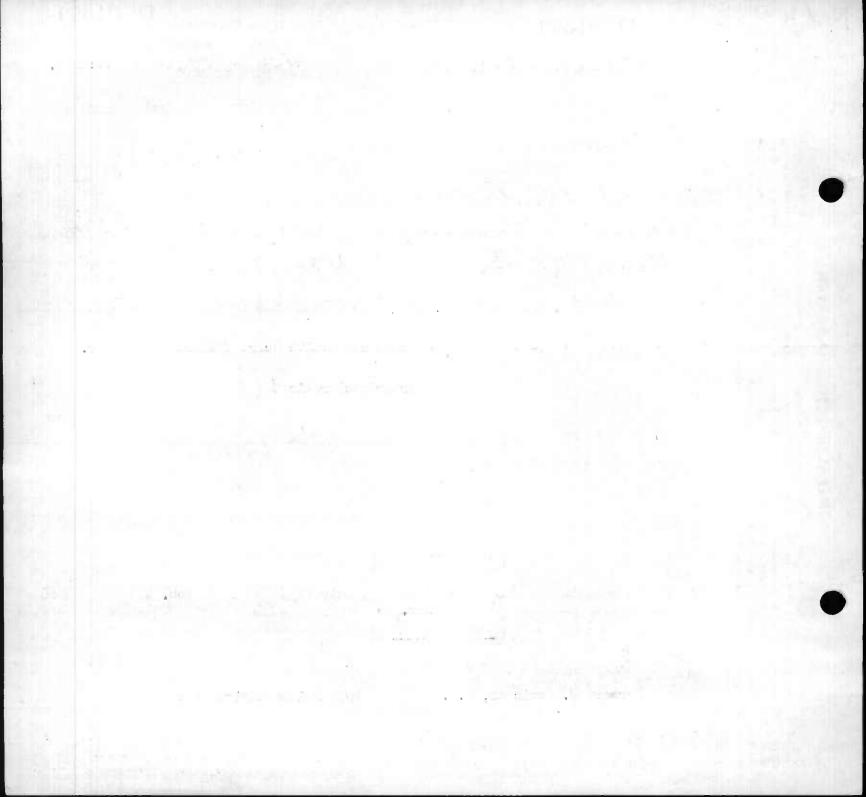


FUNERAL DIRECTOR: IMPORTANT by the chief medical examiner or his assistant if death

66 01368 Registered Na. BIRTH NO. RTIFICATE OF DEATH the and Such rect or contributing cause of death (4) Undetermined cause; (5) Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH LO (Type or Print) hospital death. 4. USUAL RESIDENCE (Where deceased lived. I institution: residence before admission) attendance A. STATE B. COUNTY AU FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWA (If outside city limits, write 9 000 prior D. STREET ADDRESS rutol, give location) regular is mad 5. SEX 7. MARRIED, NEVER MARRIED
WIDOWED, DIVORCED (specify) 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased Hours lost birthdoyl BUSINESS OR INDUSTR Of (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? = Was the 4. MOTHER'S MAIDEN NAME direct death 00 15. Was Deceased Ever in U. S. (Yes, no or unknown) (If yes, give in U. S. Armed Forces 6. SOCIAL final wor or dotes of service) SECURITY NO. attendance -01 any pronounced 11B. CAUSE OF INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, embaimed fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO regular heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) who ANTECEDENT CAUSES DUE TO are 4 DISEASES OR CONDITIONS, if any, giving 3 la the obove cause (A) sloting the physician UNDERLYING CONDITION Josi, remains MOS CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the (2) Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 0 WAS PERFORMED Fore 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where to the hospital ° MEDICAL DEATH (notify medical examiner) etc.) any nature; obtained 21 D. TIME (Month) (Day) (Yeor) (Hour) 21 E. INJURY OCCURRED 2) F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While I (APPROX.) At Work and Work 22. I certify that (1) (this hospital) attended the deceased fram 19 6 FEB 19 6 6 pe that (1) (we) last sow the deceased olive an. and that In (my) (our) opinion death accurred on the date An accident of death) hospital the body was released shows: (1) An accident o and have and from the causes stoted above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATUE 23B. DATE SUGNED certificate must Attending Stoff M.D. Med. 0 Phys. Director L Phys. approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) 4804 FAEDERICK AVE was D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY- OF GREMATORY 24D. LOCATION deceased (Stote) (City, town, or county) REMOVAL (Specify) written IMORE BY HEALTH DEPT. 258 NAME OF REGISTRAL 25A. DATE REC VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT





was D.O.A. shows: (1)

	BALTIMORE CITY	HEALTH DEPARTMENT		
MRTH NO. 66 01370	CERTIFICA	TE OF DEATH	Registered No	66 01370
1, NAME OF DECEASED (Type or Print) MELVIN LEE	RILEY	FE		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institute oddress or location)	tion, give street	A. STATE B. COUN	TY	6-02
INSTITUTION		Baltimo	re	URAL and give township)
7 Union Memorio	I Hospital	130 N. Be	enoid a	Cue.
5. SEX 6. RACE 7. MAR WID	RRIED, NEVER MARRIED OWED, DIVORCED (specify)		9. AGE (In years lost birthday) 4 9	If Under 1 Yr. If Under 24 Hrs. Months Ooys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working tife, even if retired)	TO OF BUSINESS OF INDUSTRY	11, BIRTHPIACE State or lore	gn country)	12. CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME	[************************************	14. MOTHER'S MAIDEN NA	ME Company	. 3
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of sen	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT		Box38210
Yes World War II	236-14-1467	Mrs. Joan Warri	ng Manassas	, Va.
injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the abave cause (A) stating UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO	iving (C)	oukagie diali de Productionel tal curkosis	1118/ns	
A DISEASE OR CONDITION CAUSING II.	FOR WHICH OPERATION	20 A. AUTOPSY? IYes or No	20B. IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	n or obout 21°C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)
21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At	21F. HOW OID INJ	URY OCCUR?	
22. I certify that (1) (this hospital) attended that (1) (we) lost saw the deceased alive and haur and fram the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	ve. (H) (We) (did) (did noi) M.D. Att	19 ond the view the body ofter death. ending Med. Director 23D. ADDRESS	Stoff Phys.	238 DATE STONED Peb. 6, 1961
	JSTER, M.O. 4C. NAME of CEMETERY or CR	EMATORY 24D. L		y, lown, or county) (State)
	ME OF REGISTRAR	onal Cemetery B		Ballimore m

REMOVAL (Specify)
Burial 1 Cemetery Ba National 25A. DATE REC'D BY HEALTH DEPT. FEB 8 1966 258. NAME OF REGISTRAR VS 150-REV. 1/1/65

L. = A CUST , = UNIVERSAL OF A CUST , TO A CUST , TO A CUST A CUS

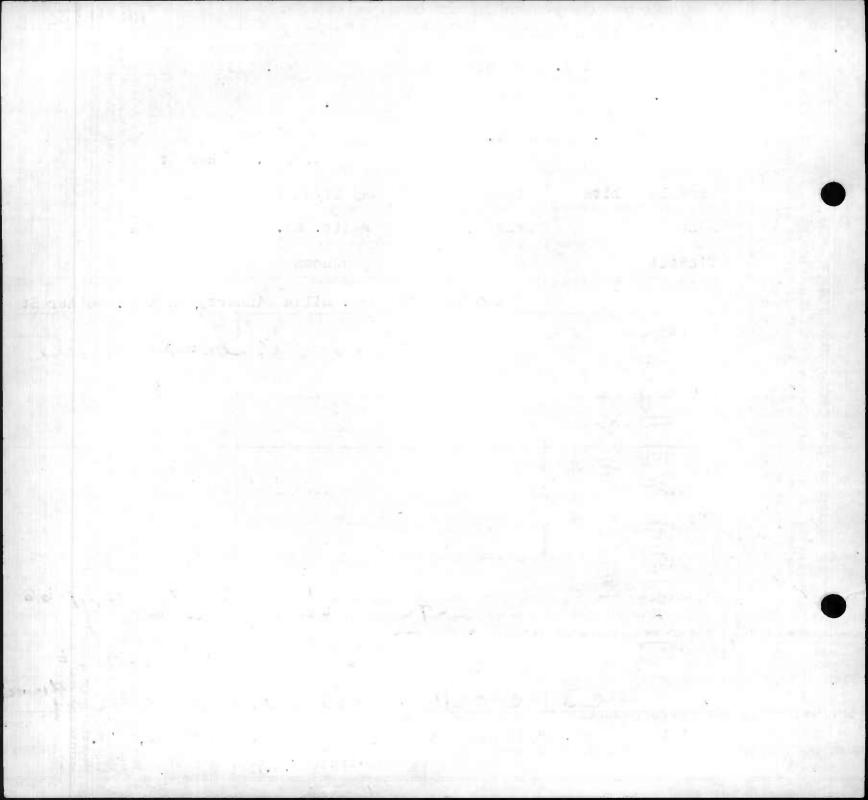
VS 150-REV. 1/1/65

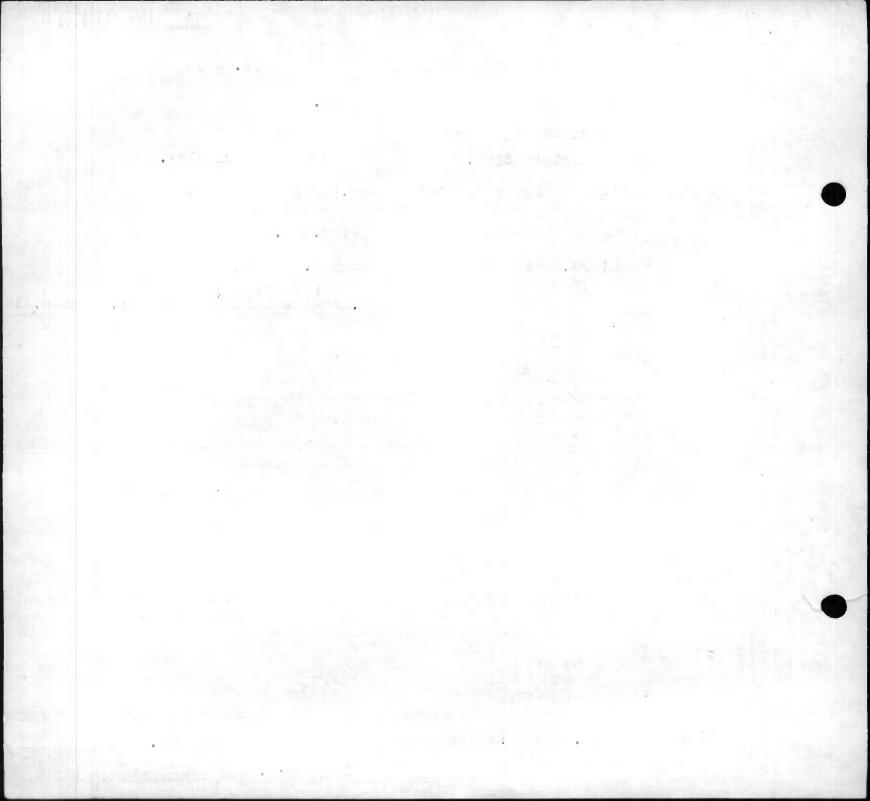
Such

00 01271

	06 013/1	CERTIFI	CATE OF D	EATH	Registered No	66 01071
M.E. CASE NO.	CEASED			2. DATE AN	D HOUR OF DEATH	н
(Type or Print)	Martha	T. Steingardt		Fe	b. 5/66	13.20 4.M. M
	EATH IN BALTIMORE, MA	RYLAND	A. USUAL RESI	B. COUN	e deceased lived, If TY	institution: residence before odmission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INST(TUTION			C. CITY OR TO	WN (If out	side city limits, write	RURAL ond give township)
0 80	6 Walnut Av	re	D. STREET ADI	imore ORESS (If	urol, give location)	1
			806	Walnut	Ave	
emale	White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specific Divorced)	B. DATE OF BIR		ost birthday)	If Under 1 Yr. Il Under 24 Hrs. Months: Doys Hours Min.
done during most of	working life, even if retired)	108, KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE	(State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
H.	W.		Anne A	rundel	o. Md.	USA
					A E	
	Tydings d Ever in U. S. Armed Fore	ces? 16. SOCIAL	In Informan			ADDRESS
Tes, no ar unknow	(If yes, give wor or date	SECURITY NO.			ruher 80	08 Walnut Ave
18.		CAtt	SE OF DEATH	1013 4	14001, 00	INTERVAL BETWEEN
OTHER SIGN	OR CONDITIONS, if he abave cause (A) IG CONDITION lost. II WIFICANT CONDITIONS CODEATH BUT NOT RELA	Soluting the (C)		***************		
	F OPERATION 198. CON WAS PERF	DITION FOR WHICH OPERATION	20A. AUTOP	SY? (Yes or No	208. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE O						000000
OR CONTRIB	ENT WAS UNDERLYING CAUSE OF y medical examiner)	218. PLACE OF INJURY (home, form, foctory, streetc.)	le.g., in at about 21 C. W set, affice bldg., INJUR	HERE DID Y OCCUR?	(II in Boltimo	are City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	While At Not	While Work	OW DID INJ	JRY OCCUR?	
22 Leastify	v that (1) (this bosnital			7	064 5	Leb 5, 1966
that (1) (we	t) last saw the decease	ed alive an Fel	- 4 19 6 K	and the	of in (my) (ove) as	pinian death accurred an the dat
		red abaye. (j) (We) (did) (did r		ofter death.		
23A. SIGNAT		Kleine M.D.	Attending	Med.	Stoff Phys.	238. DATE SIGNED 2-7-66.
23C. PHYSICIA	Typel ARRILL	MNIPP	M.D. ADDRESS	Edm	ordan)	In Balt 29h
AA. BURIAL CRI	EMATION, 248. DATE (Specify)	24C/NAME of CEMETERY of	OF CREMATORY	24D. LC	CATION (City, town, or county) (State)
urial	Feb.8/	66 Asbury Metho	dist Chu	rch A.	A. Co.Md.	
	FEB 8 1966	258. NAME OF REGISTRAR	1. 15			MAN ADDRESS
	1 200	No. of the last of	HOAVE		La CV	www I wo

14 /80 .00 a many of the day of the second 1 4 - 41 - 4 - 4 - 4 - 4 - 3 2 200





	An as one	BALTIMORE CITY	HEALTH DEPARTMENT		00 01001
11	TH NO. 66 01374 ATENCE	CERTIFICA	TE OF DEATH	Registered Na.	66.01374
1. N	AME OF DECEASED	1. 2/1/1			
	PLACE OF DEATH IN BALTIMORE, MARYLAND	+ 150001	4. USUAL RESIDENCE (Whe	- 40 fo	14 2 6 66 m
	EACT OF BEATH IN BALLINIONS MARIENTO		A. STATE B. COUN	ITY	13
1	FULL NAME OF (If not in hospital or institution, given oddress or facation)	ve street	C. CITY OF TOWN (IF OU	tside city fimits, write RU	RAL and give township)
	UNDON WEMORIA	-1	BALTO		
/	aronoro reference in	1	D. STREET ADDRESS (III	rural, give location)	
5. 5	6. RACE 7. MARRIED, N	EVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
		DIVORCED (specify)		fost birthday	Months Doys Hours Min.
	. USUAL OCCUPATION Give kind of work 108, KIND OF B		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
don	e during most of working fife, even if retired) H.W. Omn Ho	me	NO, CAR	ROUNA	WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME O	
	JOSEPH HENDERS	N9.	3113VI	KESUE	>
	Was Deceased Ever in U. S. Armed Forces? s, no ar unknown) (If yes, give war ar dates of service)	6. SOCIAL SECURITY NO.	17. INEORMANT	720010	ADDRESS
		CAUSE O	KOVS /	(EN (1)	8/4
	18. 170 X I	ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	0 0 m - 0 0 0 m 0 m 0 0 1 1 1 1 1 1 1 1 1 1 1 1			
	injury or complication which caused death.)				
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	DUE TO	h		
	rise to the above cause (A) stating the				
	UNDERLYING CONDITION last.				
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
FICA	19A. DATE OF OPERATION 19B. CONDITION FOR WE	HICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	NDINGS CONSIDERED
ERT	0	LACE OF INITION'S	Not should be with the DID		City, give exact location)
CAL	OR CONTRIBUTING CAUSE OF	form, factory, street, of	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	tir in politimore t	Lity, give exact locononi
MEDI	OF INJURY	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX) Whife Work	Not While At Work	° 🗆 ,	-16 0	1, 11
	22. I certify that (1) (this hospital) attended the	-		19 @ Coto 2	6 19 06
	that_{1} (we) last saw the deceased alive an			at in (my) (aur) apinl	an death accurred an the da
	and hour and from the causes stated above. (1)	(We) (did) (d id-not) v	iew the bady after death.	Į,	3B. DATE SIGNED
	COHEN WILLIAM		mding Med.	Stoff	2/6/66
	23C. PHYSICIAN'S	Phy	23D. ADDRESS	Phys.	10100
	ROBERT N. WHITLOCK	M.D.	UNIC	N MEMORIAL	HOSPITAL
24/	REMOVAL (Specify)	ME of CEMETERY of CRI		ocation (City,	town, or county) (Stote)
	Burial Feb. 9/66 L	orraine P	arr mar		

25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR
FEB 8 1966

Witzke F.D. 4101 Edmondson Ave

VS 150-REV. 1/1/65

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THE ASCH TAT DELLA COUNT

1 Over		BALTIMORE CITY	HEALTH DEPARTMENT	00 04000				
BIRTH NO. 66 01375		CERTIFICA	TE OF DEATH VRegistered	d No. 66 01375				
M.E. CASE NO. 1. NAME OF DECEASED			DATE AND HOUR OF D	FATH				
(Type or Print) L/L/	1 N	KLINGL	ER 1205	m 2/6/6				
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where deceased live	d. If institution; residence before odmissio				
FULL NAME OF (If not in hospital	or institution	Tive cheet	MARYLAND BALTIN	10RE				
HOSPITAL OR oddress or locotio		give shoot	C. CITY OR TOWN (If outside city limits,	write RURAL and give township)				
THE JOHNS HOPK	INS BO	SPITAL	Essex 21	5300				
3 THE DOMAS HOLK	THO DO	SITIAL	D. STREET ADDRESS (If turol, give locoti	on)				
			614 TAMPA ROAD					
5. SEX 6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In year last birthday)	Months Doys Hours Min.				
FEMALE WHITE	MARRI		12-2-03 62					
tOA, USUAL OCCUPATION (Give kind of world done during most of working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
Housewife	Но	me	Maryland	USA				
13. FATHERS NAME	-		14. MOTHER'S MAIDEN NAME					
MARTIN KRAUSE			LOUISE SEMMLE	ER				
15. Was Deceased Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT	ADDRESS				
(Yes, no or unknown) (If yes, give wor or dote	s of service)	SECURITY NO.						
NO		214 14 0789 CAUSE 0	Harry L. Klingler	Same INTERVAL BETWEEN				
DISEASE OR CONDITION DI	DE C YL V	CAUSE O	PUENTA	ONSET AND DEATH				
LEADING TO DEATH	RECIEI	F	PROGRESSIVE	5 year				
(This does not mean the mode of	dying, e.g.,	DUE TO	PROGRESSIVE PRESENILE I)-MENTIA				
heart failure, asthenio, etc. It means injury or complication which caused			I-RESENILE I	EMENT				
ANTECEDENT CAUSES (B)								
DISEASES OR CONDITIONS, if any, giving								
rise to the above cause (A) UNDERLYING CONDITION iost.	slaling lhe	(C)						
BROEKEIING CONDITION 1051.								
OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING	3						
TO THE DEATH BUT NOT RELA	TO THE DEATH BUT NOT RELATED TO THE							
U 19A. DATE OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20B. IF YES.	WERE FINDINGS CONSIDERED				
WAS PER	FORMED		A/S	IG CAUSES OF DEATH?				
U 21 A. A CCIDENT WAS UNDERLYING	oltimore City, give exact location)							
▼ DEATH (notify medical examine)	etc.		fice bldg., INJURY OCCUR?					
21D. TIME (Month) (Doy) (Yeor)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
OF INJURY	Whi	ile At Not Whif	•					
22 1 21 1 1 1 1 1 1 1 2 1 2				210 000				
22. I certify that (I) (this bespita		- / -	2/5 196610	19 60				
that (I) (we) Tast sow the decease		-/		apinian death accurred on the do				
and haur and fram the causes sta	ted above. (I) (We) (did) (did not) v	lew the bady after death.					
23A. SIGNATURE		A	AA-d Stall -	238. DATE SIGNED				
Jan	-ne	Phy		2/6/66				
23C. PHYSICIAN'S NAME (Type) TAM	SH	LENK M.D.	23D. ADDRESS 550 N. B	ROADWAY				
24A. BURIAL CREMATION, 24B. DATE	24C, N/	AME of CEMETERY of CRE	MATORY 24D. LOCATION	(City, town, or county) (State)				
REMOVAL (Specify)								
Burial 2/9/66		ak Lawn Cemeto of registrar _	ery Baltimore	County, Maryland				
FEB 8 1966	00 B	C fall MA	John Jellan	mere				
	N. Krow	C. University	Bruzdzinski Funeral	lome 1407 Eastern Ave.				
V\$ 150-REV. 1/1/65			6 26 6					

PROGRESSIVE DOWN PRESENGE DENEX 200 Day Shear 550 N BROADWAY

physician

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hospital death)

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was D.O.A. deceased written ap

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the body was released to the hospital by shows: (1) An accident of any nature; (2) B

must

certificate

the

obtained

must

approval

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 66 01376 66 01376 BIRTH NO. CERTIFICATE OF DEATH on the pup the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, I(institution: residence before admission)
A. STATE
B. COUNTY GEORGE SIYMKOWIAK death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND attendance MARYLAND (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (Il outside city limits, write RURAL and give township) 10 INSTITUTION D. STREET ADDRESS 1140RE prior regular 5. SEX 6. RACE 9. AGE (In years 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. Months: Doys deceased WIDOWED, DIVORCED (specify) MALE WHITE MARRIED 4-20 1892 7

10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or Coreign country) WARRIGD 12. CITIZEN OF disposition death = WHAT COUNTRY? STAMDARD OIL CO Was the TO HAT SZYMKOWIAK

15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (Iff yes, give wor or dates of service)

16. SOCIAL
SECURITY I IMPORTANT death On final attendance STELLA SZYMKOWIAK 708 S POTOMAC any pronounced 10 INTERVAL BETWEEN DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not mean the made of dying, e.g., ar heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) regul ho ANTECEDENT CAUSES are 4 DISEASES OR CONDITIONS, if any, giving 3 HYPERTENSION rise to the obove cause (A) stoting the = physician UNDERLYING CONDITION lost. remains Was (2) Body burns;

ONSET AND DEATH CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 27A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office btdg., INJURY OCCUR? (If in Boltimore City, give exact location) CAL DEATH (notify medical examiner) etc.) MEDIC 21 D. TME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While OF INJURY While At p (APPROX.) Work - 4 4 19 that (1) (we) last sow the deceased alive an 2 ond that in (my) (our) apinion death occurred on the date and haur and from the causes stated obove. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 238 DATE SIGNED lan -Attending M.D. Phys. 23 C. PHYSICIAN'S 23D. ADDRESS PHURLH HONE NAME (Type) M.D. JDILIA C 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY REMOVAL (Specify) 25B. NAME OF REGISTRAL 25C. FUNERAL DIRECTOR

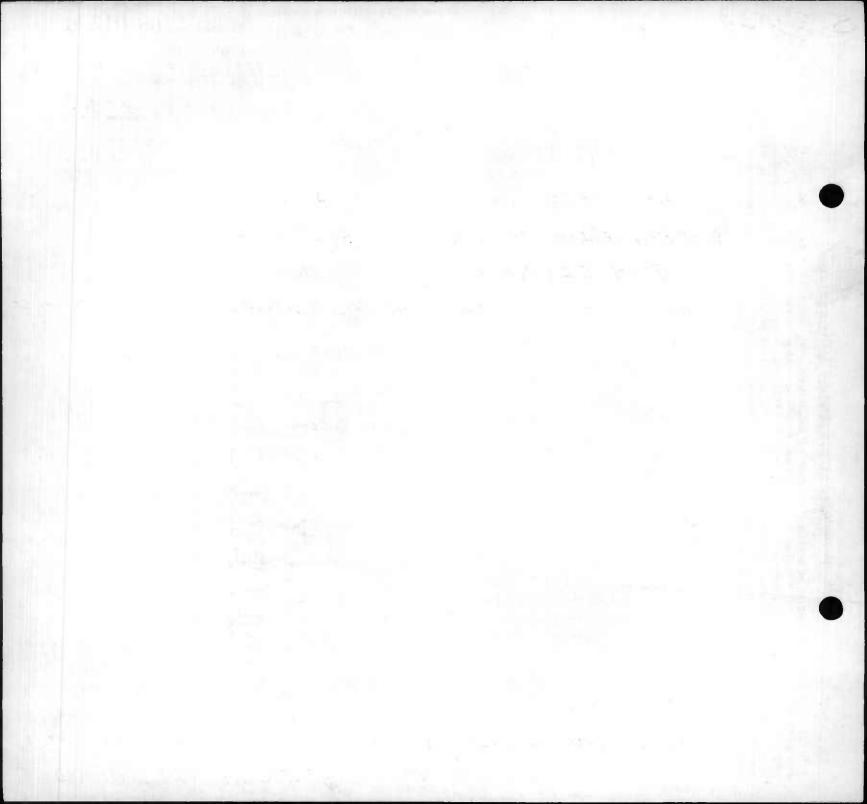
25B. NAME OF REGISTRAL

25C. FUNERAL DIRECTOR

25C. FUNERAL DIRECTOR BURIA-L FEB 11 66 25A. DATE REC'D BY HEALTH DEPT. 25B.

Il Under 24 Hrs. Hours Min.

ADDRESS



FUNERAL DIRECTOR: IMPORTANT

66 01377 Registered Na. 66 01377 BIRTH NO. CERTIFICATE OF DEATH pital and of death Deceased M.E. CASE NO. Such 2. DATE AND HOUR OF DEATH 1000 (Type or Print) HEPDING ANNA MAE uo 6 hospital death. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE B. Maryland attendance cause; (5) cause (If not in hospital or institution, give street FULL NAME OF C. CITY OR TOWN Ilf outside city limits, write RURAL and give HOSPITAL OR oddiess or location INSTITUTION 405 P197 A1 UNION MEHORIAL = contributing D. STREET ADDRESS (If rurol, give location) and calvert stro Ballymore is HAMPDEN occurred (4) Undetermined is made. regular 5. SEX 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. deceased lost birthday! 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign 12. CITIZEN OF WHAT COUNTRY? final disposition death done during most of working life, even if retired) BALTIMORE

14. MOTHER'S MAIDEN NAME AMERICAN HOUSE 41 FE Was 13. FATHER'S NAME HIMROD JOHNSOH ALICE FREDERICK death 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) kind; 1 6. SOCIAL 17, INFORMANT SECURITY NO. attendance HUSBAHD any CAUSE OF DEATH INTERVAL BETWEEN 20 pronounce ONSET AND DEATH his Also, DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., embal heart failure, asthenia, etc. It means the disease, medical examiner examiner. regular injury or camplication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the physician UNDERLYING CONDITION lost. the remains medical Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the chief 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION the WAS PERFORMED Laceratio of 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) where to the hospital ° MEDICAL DEATH (notify medical examiner) etc.) nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While (APPROX.) At Work and any 22. I certify that (1) (this hospital) attended the deceased fram 1.12 66 19 19 6 and that in (my) (aur) opinion death occurred on the date be that (1) (we) last saw the deceased alive on... of death) a hospital and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. accident 23A. SIGNATURE 23B. DATE SIGNED Attending Dante Dance Med. 0 approval 23D. ADDRESS 23C. PHYSICIAN'S prior BOLTINOREIR certificate 40 NAME (Type) the body was M.D. Umien Memorial Homeital D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION deceased REMOVAL (Specify) BALTO, MD. shows: LORDAINE PARK BURIAL Paul E. Cheronston Chestruit AVE, Was 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

NULL ENGINEE 14/4/2 1000 111100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

66 01378

SIRTH NO.

VS 150-REV. 1/1/65

IMPORTANT

FUNERAL DIRECTOR:

Registered No. _ 66 01279

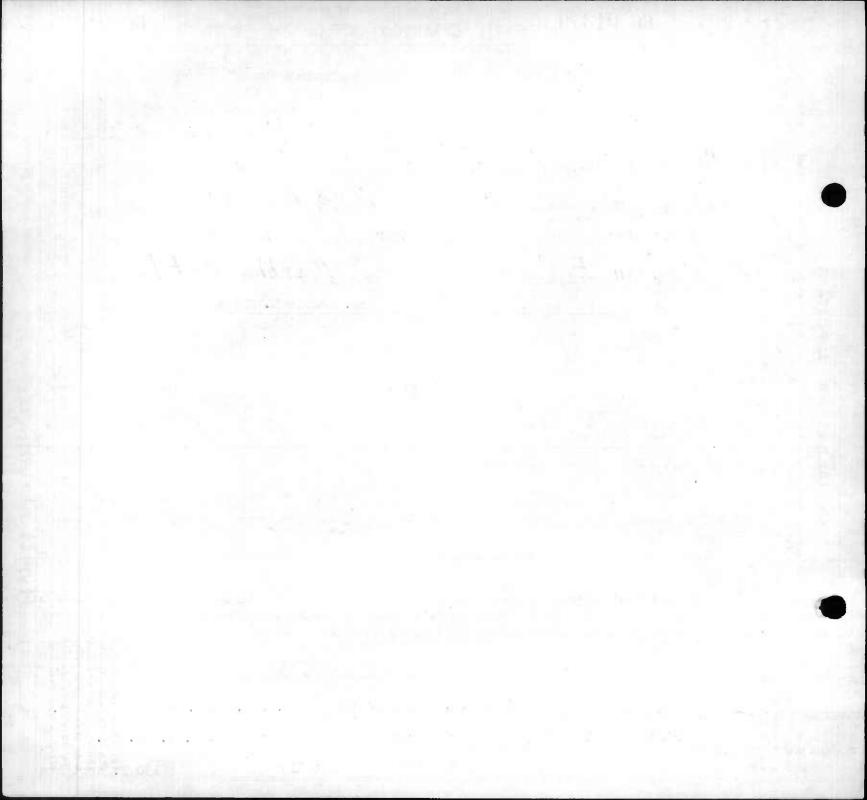
TOTAL TEREST TALE

Terrior 2/0/60 CORRAINSTANN DALTS NO.

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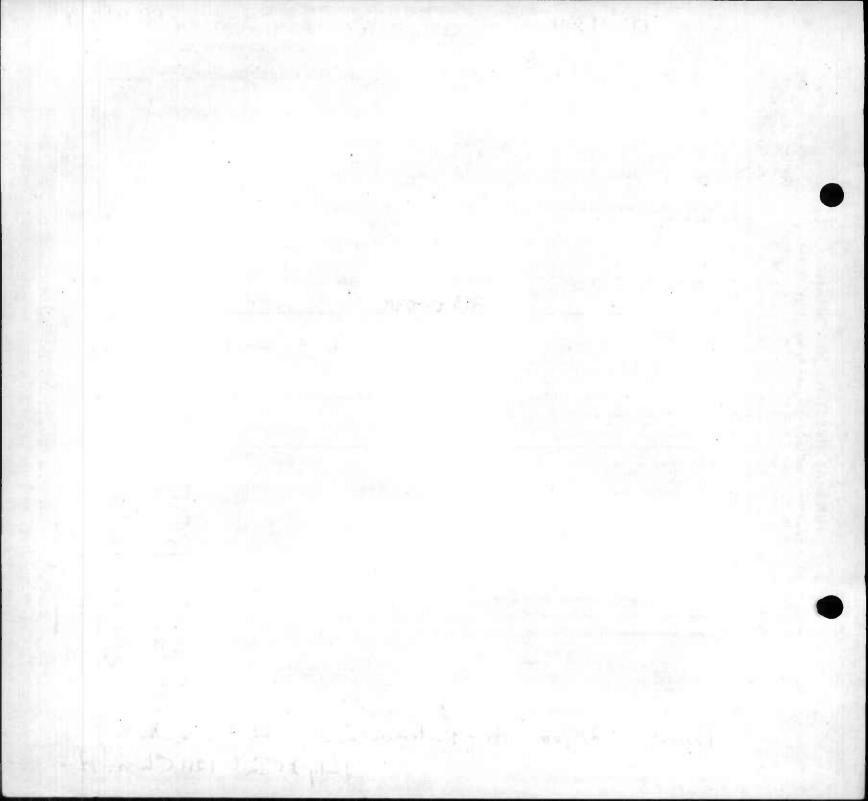
FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
snows: (1) An accident or any nature; (2) boay burns; (3) A tracture of any kina; (4) undetermined cause; (3) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the C.
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

00 04000	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 66 01379 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	66 01379
1. NAME OF DECEASED (Type or Print)	1.	2. DATE A	ND HOUR OF DEATH	0:4.0
3. PLACE OF DEATH IN BALTIMORE MARYLAND	Crowe.	4. USUAL RESIDENCE (Wh	ere deceased lived. If in	stitution: rosidenco beforo odmissio
FULL NAME OF (If not in hospital or institution, gr	vo streot	A. STATE B. COU	land.	2403
HOSPITAL OR oddross or location) INSTITUTION		C. CITY OR TOWN	utside city limits, write	RURAL one give township)
3 11 0 11	. 1/	D. STREET ADDRESS (III	IMOPE	7 2120,111
South Baltimore GENEVA	2/ HOSD,	1221 Ba	HEry	AVE.
	DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Yr. If Under 24 Months Doys Hours Min
GA. USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Iron Worker MET	ired Sugar		irginia.	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	1
S. Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT	ha But	/E/1 ADDRESS
Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	Mrs. Jessie E.	Crowne	
18. // 7 0 /	CAUSE OF		OLOMB	Same
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) H	SEVD		
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO			100 00 May
injury or complication which caused death.)	A 0	IN MT LANG	:410 1	7
ANTECEDENT CAUSES	(B) TO	10 11.2.7003.	sione new.	
DISEASES OR CONDITIONS, il any, giving	7 /	rectable CHF	0161	2
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C) 1/1 C	VICTOBLE CAF	7 10 (H) N (<i>S</i>
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				74117
TO THE DEATH BUT NOT RELATED TO THE				4- 0
19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 121B. F	LACE OF INJURY (e.g. in	or obout 21C. WHERE DID		City, give exact location)
OR CONTRIBUTING CAUSE OF home. DEATH (notify medicof exominer)	form, foctory, street, of	ice bldg., INJURY OCCUR?	III voinmore	, with expet location
OF IN ILLEY	NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.) White				
22. I certify that (this haspital) attended the		2-6	19 66 10	2-6 19 6
that (#) (we) last saw the deceased alive an				-
				alon death accurred on the
and haur and from the causes stated above. (1)	(me) (ala) (ala not) vi	ew the body after death.		23 & DATE SIGNED
Vernes Albertsen	AA D M.D. After	nding Med.	Staff (4)	
23C. PHYSICIAN'S			Phys.	2-6-66
NAME (Type)		ADDRESS .		
VERNER ALBERTON,	M.D. M.D.	South Balto. G	en Hosp -	1213 Light St.
REMOVAL (Specify)	ME of CEMETERY OF CRE	MAIORY 24D.	LOCATION CC	ty, lown, or county) (State
Burial 2 10 1966	Holy Cross		ooklyn, A. A	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
FEB 8 1955 @ L. S	C' A Corrigin in	Mc Cully		130 E. Fort Ave
/S 150-REV. 1/1/6S			4	

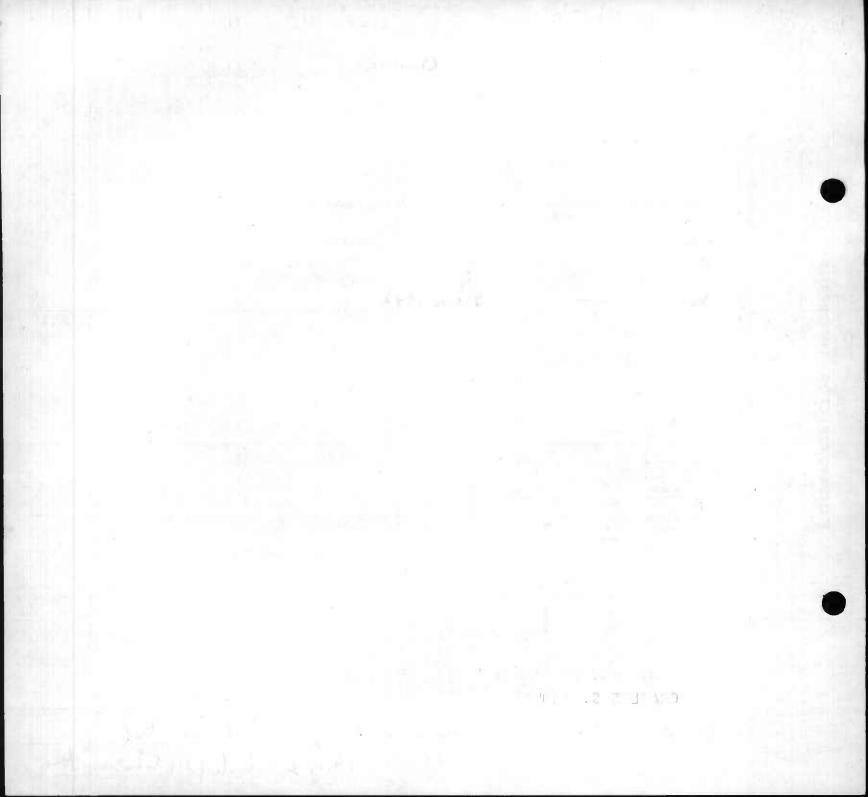


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, such be obtained heterother the physician was in regular attendance on the deceased prior to death. Such written approval must be obtained heterother. FUNERAL DIRECTOR: IMPORTANT

00.04000	BALTIMORE CITY	HEALTH DEPARTMENT	CC	01380
BIRTH NO. 66 01380	CERTIFICA	TE OF DEATH	gistered Na.	0.1000
M.E. CASE NO. 1, NAME OF DECEASED		2. DATE AND HO	UR OF DEATH	. 67
Type or Print)	1	I all	10/6	118
3. PLACE OF DEATH IN BALTIMORE MARYLAND	Ser Dell	4. USUAL RESIDENCE (Where dece	0 11966	on realdeness before admiss
TEACE OF BEATH IN BACHMORE MARIENIE		A. STATE B. COUNTY	edsed lived. If Instituti	on; residence belore damas:
FULL NAME OF (If not in hospital or institution, of	ive street	Waxa land	/ -	
HOSPITAL OR address or location)		C. CITY OR TOWN (If autside c	ity limits, write RURA	L ond give township)
THE STATE OF THE S		Bru litomer	2	
1.1 1 0 0	1 1/		ive lacation)	
Mary land Genera	l Hosp	005 N. 1	hardon	Start
SEX 6. RACE 7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH 9. AG	Lester E (In years If I	Under 1 Yr. If Under 24
	, DIVORCED (specify)	last bi	rihdoy) Mo	Under 1 Yr. If Under 24 nths Days Hours Mi
III W Mar	ried	8124195	70	
DA, USUAL OCCUPATION (Give kind of work 108, KIND OF one during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. B/RTHPLACE/(State or foreign cou	intry) 12.	CITIZEN OF WHAT COUNTRY?
In le com Bryer	e Boy E to	Manuala	1	USA
3. FATHER'S NAME	2 COLICION	14. MOTHER'S MAIDEN NAME		V- 0 11
The state of the s	V	O L		
Frank Charvat		Barranga	Cesk	4
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, na ar unknown) (If yes, give war ar dates af service)	SECURITY NO.	Man 1 C/		1
	213-01-0310	MYS Anna Ch	arvat -	- as above
18. 420.0	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	. 1	1 1 11	During	
LEADING TO DEATH	(A) AY +	cylosekrofic Hear	hisease	Yeavs
(This does not mean the mode of dying, e.g., heart foilure, ostherio, etc. It means the disease,	DUE TO			
injury or complication which caused death.)				
ANTECEDENT CAUSES	(B)			
	DUE TO			
DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the	(C)			
UNDERLYING CONDITION last.	/	+ 3×2×3×0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	,	••••••••••••••
II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 198. CONDITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B.	IF YES, WERE FINDI	NGS CONSIDERED
194. DATE OF OPERATION 198. CONDITION FOR V		1/0	CERTIFYING CAUSES	OF DEATH?
21A. ACCIDENT WAS UNDERLYING 218.	PLACE OF INJURY (e.g. i	n or obout 21C. WHERE DID	(If in Baltimare City	, give exact lacation)
OR CONTRIBUTING CAUSE OF ham	e, form, foctory, street, o	fice bldg., INJURY OCCUR?		
M OF INTUIN	INJURY OCCURRED	21F. HOW DID INJURY C	CCUR?	
≥ (A papay)	le At Not Whi			
Wor			1	1-
22. I certify that (1) (this haspital) attended th		2 14 19 6	b to 2	19 0
that (1) (we) last saw the deceased alive an	2 5	19 6 and that In	my) (aur) apinlan	death accurred an the
and haur and fram the causes stated abave.	(Ma) (did) (did nat)			
23A. SIGNATURE	,e, (did) (did ndt) (ion the budy difer death.	loop	DATE, SIGNED
to be Al Dance	M.D. AH	ending Med. Staff	238.	2 15 166
gracies com	Phy	s. Director Phys.		13100
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	Ilanditus	
11770	M.D.	Mg. Oenelel	Dosbils	
4A. BURIAL CREMATION, 24B. DATE 24C. NA		AAATORY 240 100	ON 101	
AA. BURIAL CREMATION, REMOVAL (Specify)	ME of CEMETERY OF CR	MATORY 24D. JOCATI	ON CALLY TO	wn, or county) (Stot
Burial 2/9/66 Hol	7 Kredeeme	e Comptens Pailt	mone ne	e.
SA. DATE REC'D BY HEALTH DEPT. 258, NAME O	F REGISTRAR	259 JUNERA DIRECTOR	_ 1	ADDR SS
FED 0 1000 A 0 B	C. Fra C. M.D.	111.5	131101	gan Hra
EEB O ISOD ULANT	C. Achter and	1 miles rec	IALI	ייין טעני
\$ 150-REV. 1/1/65		6		



,	66 01381		BALTIMORE CITY	HEALTH DEPARTMENT		00 01201
STRITT ITO:	99 01001		CERTIFICA	TE OF DEATH	Registered Na	66 01381
M.E. CASE NO.	EASED			2. DATE AN	D HOUR OF DEATH	_
Type or Print)	ARHAN	MARV	c man	6) 2/	5116	4 A
PLACE OF DE	AR HAN	RYLAND	/ Cinari	4. USUAL RESIDENCE (When	re deceased lived. If ins	titution: residence before admission
				A. STATE 8. COUN	TY	713
FULL NAME (OF (II not in hospital address or lacation		ive street	MD		1-00
INSTITUTION	oggiess of facolio	***				URAL and give township)
	MEMORIA	. 405	DITAL	BALTIMO D. STREET ADDRESS (IF	RE	
UNION	MEMOKIA	2 1103	<i>j- i i i i -</i>			
				716 N. M		51.
. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
1-		M		4/26/86	79	
	UPATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
	working lile, even if retired)			MARYLAND)	WHAT COUNTRY?
3. FATHERS NA	WIFE					
		-	- 1	14. MOTHER'S MAIDEN NA		* (D)
JUSEP.	H CASPE	R	0)	FRANCES	DVOKAI	7 (0)
5. Was Deceased	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	A	ADDRESS
No	millir yes, give war ar data	s of service	215-10-1342	MARIE E RITT	ER	AME AS ABOVE
			211 -			
18. 44 2	2,11		CAUSE O	F DEATH		ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY				17 -1
/This done	not mean the made of	duine en	(A)CZ-RZ	ACCIDENT	CAR	17days
	asthenia, etc. II means		DOE 10	ACCIDENT		
injury or car	mplication which coused	death.)	DOTE	PINSON EPOTIC	CARDIONAR	- UNK
	ANTECEDENT CAUSES		DUE TO	RIOSCLEROTIC	E AKUIU V MJC	
DISEASES	OR CONDITIONS, if	ony, giving		CAR DIOENOE	•	
	G CONDITION lost,	stoting the	(C)	***		
ONDEREIN	O CONDITION 10St.					
Z OTHER SIGN	IFICANT CONDITIONS C	CONTRIBUTING				
TO THE C	DEATH BUT NOT RELA	ATED TO THE				
O DISEASE OR	F OPERATION TO THE CONTRACTOR		HICH OPERATION	20A. AUTOPSY? (Yes or No	H 208 IE VEC WERE EI	NOINGS CONSIDERED
19A. DATE O	WAS PER		THEN OFERATION	NO	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
-	NT WAS UNDERLYING	1 1218	BLACE OF INITION/ :		ALC: D. In	
OR CONTRIB	UTING CAUSE OF	home	, form, factory, street, a	ffice bldg., INJURY OCCUR?	tti in baltimore	City, give exact location)
O DEATH (notify	y medical examiner)	etc.)		m4		
21 D. TIME	(Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)			At Not While	e		
		Worl				1
22. I certify	that (1) (this hospital	Pattended th	e deceased fram	1/18	1966 10 3,	15 1966
that (1) (we	last saw the decease	ed alive an	3/5	19.66 and the	at in (my) (aur) apin	ian death occurred an the d
ond haur an	d from the causes sta	ted abave. (1)	(We) (did) (did not)	riew the bady after death.		
23A. SIGNAT				7		23B, DATE SIGNED
01	1 / 6	1	M.D. Atte	ending Med.	Stoff T	0/5/11
Char	les d-1	Orace	Phy	s. Director	Phys.	2/0/66
PHYSICIA NAME (AN'S Type)			23D. ADDRESS		- 2 - 41
		NWC	M.D.	UNION MEMO	RIAL HO	SIPITAL
4A. BURIAL CRE	MATION 248 DATE		ME of CEMETERY or CRI	MATORY 24D. U	QCATION (City	tawn, ar county! (State
Q REMOVAL	Specify!	11	1. 11	016	3/L	W.
PURIAL	2/0/60	to	17 Resbeama	1 company 1.	4 1 rawre	mel.
SA. DATE REC'E		25B. NAME O	FREGISTRAR	25C SUNERAL DIRECTOR	1 1	ADDRESS
	FEB 8 1966	DE LOUIS	C. VCALEGIA	1 4clsp K.C	Last 1211	Chogado More.
/S 150-REV. 1/1/	65					
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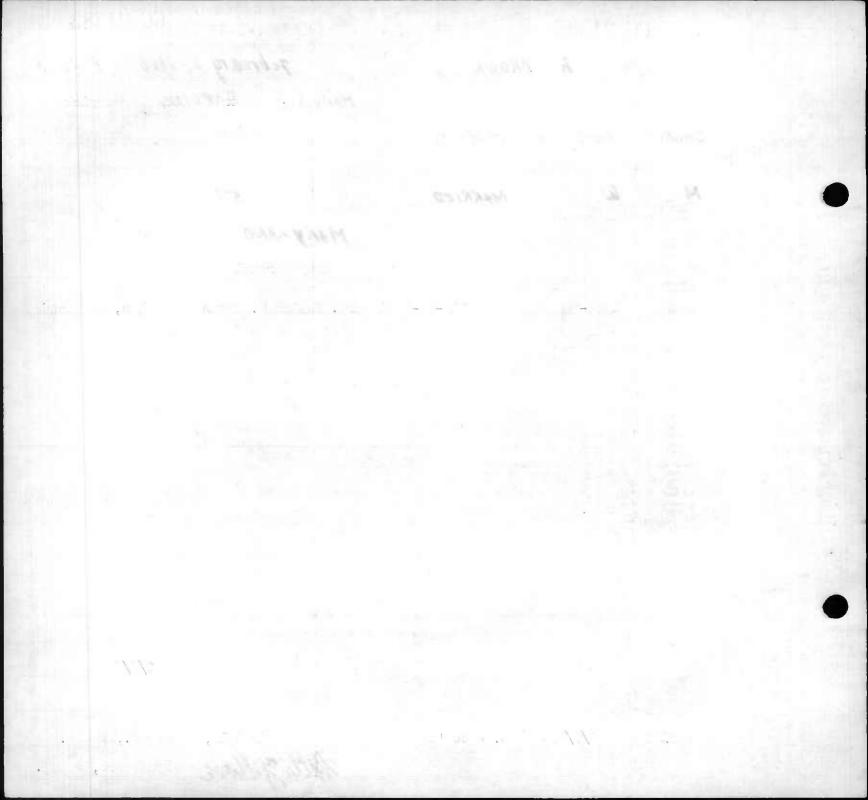
	,	6 01382		BAI	TIMORE CITY	HEALTH DEPART	MENT		66	01382
	I NO.	p 01305		CE	RTIFICA	TE OF DE	ATH	Registered Na	00	01000
1. NA	CASE NO.	USSELL, AD	ELBER	T JAME	S	2	2 6	66		10:35 A M
3. PL	ACE OF DE	ATH IN BALTIMORE, MA	ARYLAND			4. USUAL RESIDE	NCE (Where	deceased lived. If in	stitution; res	sidence before odmission)
H	JLL NAME COSPITAL OR	OF (II not in hospital oddress or location		on, give street		MARYLA c. city or town		ide city limits, write	RURAL ond	give township)
0		ST AGNE	s Hos	PITAL		BALTIM D. STREET ADDRE	SS (If ru	rol, give location)		
		m (mg) = 1 = 1 = 1				2432 H		TAVENUE		
5. SE	MALE	WHITE	WIDO	XXXXX	ARRITED	3 15 9	0	AGE (In years est birthdoy) 75	If Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
done		UPATION (Give kind of wo working lite, even if retired) PI •		OF BUSINESS		MARYLA		n country)	12. CITIZ WHA	EN OF T COUNTRY?
13. F	ATHER'S NA	WE				14. MOTHER'S MA	AIDEN NAM	E		
E	BENJAM	IN	Russe	11		MARY A	GNES	Cole		
15. W (Yes,	as Deceased	Ever in U. S. Armed Fo	rces? es of servic	1 6. SOCIA	IL RITY NO.	17. INFORMANT	dit E O			ADDRESS
	YES No			220		36 ST	AGNES	HOSP REC	ORDS	
1	18. 44	SXI			CAUSE O				- 11	NTERVAL BETWEEN
		SE OR CONDITION DE LEADING TO DEATH			(A) Cere	ebro-Vas	cular	Occlusi		2 wks
	heart foilure,	osthenio, etc. It meon	s the disec		DUE TO					
		nplication which couse ANTECEDENT CAUSE			(B) Hype	rtensive	-Hrte	nosclerot	ric	Years
		OR CONDITIONS, II		ina	DUE TO	ardio-v	ascula	r Diseas	e	100 00 00 00 00 00 00 00 00 00 00 00 00
	iise to th	e obove couse (A) G CONDITION lost.			(0) (1)	th Congo	stive t	nosclerot r Diseas leart Faile	re.	5 + 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ATION	TO THE D	II IFICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING	ATED TO							
ERTIFICATIO	19A. DATE OF		NDITION FO	OR WHICH OP	ERATION	20 A. AUTOPSY?	(Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS USES OF D	CONSIDERED EATH?
AL C	21 A. ACCIDE	NT WAS UNDERLYING [UTING [CAUSE OF medical examiner)		21B. PLACE Of home, form, for etc.)	INJURY (e.g., in ctory, street, of	or obout 21C. WHI fice bldg., INJURY	ERE DID DCCUR?	(If in Boltimore	e City, give	exoct locotion!
MEDIC	21 D. TIME	(Month) (Day) (Year)	(Hourl	21E, INJURY O	CCURRED	21 F. HOV	M DID INJU	RY OCCUR?		
8	APPROXI			While At Work	Not Whil At Work	е 🗌				
1	22. I certify	that (1)Xthis hospita	I) attende	d the deceas	ed fram	2.5	16	6102.	6	19.66
	-	last saw the deceas			6 a) MMXX) v			in(my) (aur) api	nian death	n accurred on the date
	3A. SIGNATU		2 1 5						23B. DATE	SIGNED
		WE	Sign	ies N	1. Zh. Atte	nding Me	d. S ector P	toff hys.	2	16/66
	PHYSICIA WYLL	TAM E SIGN	OR, II	1	M.D.	ST AGNES	HOSP	ITAL WILK	ENS &	CATON
24A.	BURIAL CRE	MATION, 24B. DATE Specify)	240	NAME of CE	METERY of CRI	MATORY	24D. LO	CATION (Ci	ty, town, or	county) (Stote)
	Burial	2/9/6			Park Cem	•	Ba	ltimore 29,	Md.	
25A.		EB 8 1966	25B. NAM	S E STO	AR Morroll	McCully		al Heme 23	7 Pata	pschhAve.
VS 1	50-REV. 1/1/	65	100			, 03 0				

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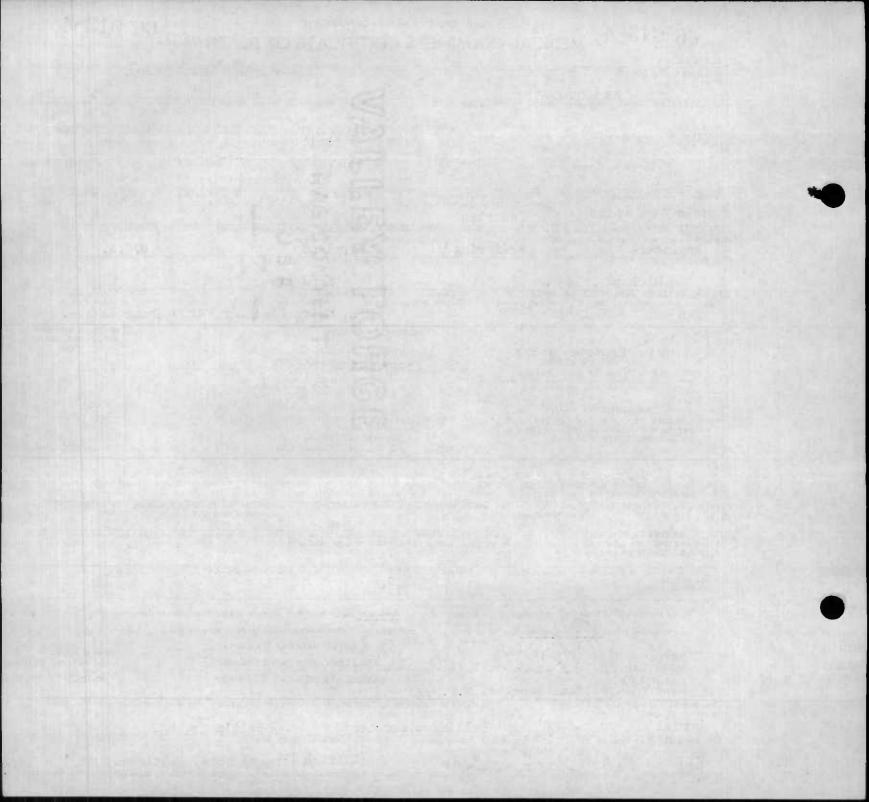
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			BALTIMORE CITY	HEALTH DEPARTMENT		00 01000
BIRTH NO.	66 01383		CERTIFICA	TE OF DEATH	Registered N	. 66 01383
AL CASE NO.	CEASED			2, DATE	AND HOUR OF DEAT	гн
Type or Print)	LENN A.	BROW	34/			1966 7:25 A
	EATH IN BALTIMORE, MA	RYLAND	//V			institution; residence before admission
				A. STATE B. CO	YTNUC	
FULL NAME	OF (If not in hospital		give street	MARYLAND	CZZYZYKYZZO ,	WXX Frederick
HOSPITAL OR	oddress or location	1)		C. CITY OR TOWN	outside city limits, with	e RURAL and give township)
CHURC	H HOME	& HO	GDITTI		Cullen	100-00
Chanc	11 ITUNE	7/10	STIIBL	D. STREET ADDRESS	(If rural, give location)	
/						
SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
M	(1)		D, DIVORCED (specify)	1-4-07	lost birthdoyl	Months Doys Hours Min.
	CUPATION (Give kind of work		RRIED INDUSTRY		5 7	122 CITIZENI OF
	f_working life, even if retired)	IUB, KIND OF	BOSINESS OF HADOSIKI	II. BIKINFLACE (Store of	toreign country)	12. CITIZEN OF WHAT COUNTRY?
light wa	11	-	~~~	MIRNI	ANIT	USA
FATHER'S NA	1-11			14. MOTHER'S MAIDEN	NAME	42//
Ira Bro	own			Fanny Sp	renkle	
Was Decease	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
, s, no or unknow	(If yes, give wor or dote	a or selvice)	SECURITY NO.			
yes	1924-26		219-36-4851		M. Brown	Cullen, Maryland
18. /6	3 X I		CAUSE O		1:111	INTERVAL BETWEEN
DISEA	ASE OR CONDITION DIE	ECTLY	(,)	MAYOLAND	4/1/1 INFA	ACCOUNTED AND DEATH
0.00	LEADING TO DEATH		F.	LARRY WAR U	GA /	
(This does	nat mean the mode of	dying, e.g.,	DUE TO			
heart failure	, asthenia, etc. 11 means	the disease,				
injury or co	implication which caused	death.)	ν_{ν}	INTRALAD Y	Ca	
11115	ANTECEDENT CAUSES		(B)	114014110	<u>C1</u>	
DISEASES	OR CONDITIONS, if	any aivina	DOETO	0		
	he abave cause (A)		(C)			
UNDERLYIN	IG CONDITION lost.		***************************************	**************************************	*****************************	
1 - 1	11					
OTHER SIGN	NIFICANT CONDITIONS C	ONTRIBUTING	G A			
TO THE	DEATH BUT NOT RELA	TED TO TH				
19A. DATE C			WHICH OPERATION		No. 208 IE VES WEE	E EINDINGS CONSIDERED
19A. DATE O	WAS PERI		WHICH OFERATION	ZOA. AUTOFST: Ties o	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
5 0 110	ME					
OR CONTRI	ENT WAS UNDERLYING E	21 B.	PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCU	O (If in Boltin	nore City, give exact location)
DEATH (noti	fy medical exominer	elc.		ince bidg., IIII OKI OCCO	. X	
)	•	(11) 015		215		
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		INJURY OCCUR?	
(APPROX.)	X	Wh	ile At Not While	e C	X	
22. I certif	y that (I) (this hospital) ottended t	he deceased from	1-4	19 66 10	19.66
that (1) (we) lost saw the decease	d alive on	2-6	19 6 6 and	that In(my) (our) c	pinion deoth occurred on the d
						printed additional and the a
	nd from the couses stat	ed obove. (I) (We) (dld) (did not) v	iew the body ofter deo	th.	
23A. SIGNAT	URE CON AL					23B, DATE SIGNED
	MANN IN		M.D. Alle	nding Med. Director	Sloff Phys.	2/6/66
22C PHYSICI	ANEC				rnys.	2/0/00
23C. PHYSICI	(Type))	1:	23D. ADDRESS	11	Hotor . I A
	1/2. 1/10	MP DI	1/9A1/ M.D.	Vallich	14 and a	1 TOURS INV
A. BURIAL CR	EMATION, 24B, DATE	24C. N	AME of CEMETERY OF CRE		LOCATION	(City, town, or county) (Stote)
REMOVAL	(Specify)			241	- COUNTION	(Siote)
Buria	1 2/9/196	66 St.	Jacob's	F	airfield, Ad	ams Co., Penna.
SA. DATE REC'	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL PIREC	TOR A	ADDRESS
	FEB 8 1966 (0.0 R	C. L. D	7/24	DA 1 11 11	
	1000	30 A Sept 15	C. COLLEGATION	Malle	10/10396	Waynesboro, Penna.
\$ 150-REV. 1/1	/65		100	1006	1	



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registry

BIR	TH 'NO.	MEDI	CALEX	AMINER 3 CI	EKTIFICATE OF	DEATH Registe	red No.
	E CASE NO.	CED.			10.000	in the second will control to the second sec	50,000,000
	NAME OF DECEA	SED				ID HOUR PRONOUNC	
3 1	PLACE IN RAITIAN	RICHARD WA		NCED DEAD	L'ED	. 2, 1966	6:30 PM.
J. 1	EACE IN BASILIAN	one manicallo, w	TIERE TROITO	TOLD DEAD	A. STATE Maryland	B. COL	itution: residence before odmission)
HC	LL NAME OF SPITAL OR TITUTION	()F NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	TION, GIVE STREET	c. city or town (If outsi Baltimore		RURAC and give township)
7	Mer	cy Hospital			D. STREET ADDRESS (If ruro 100 Albem		
5. 5	male 6.1	white		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
		TION (Give kind of working life, even if retired)	seafa		11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13.	FATHER'S NAME		Dogazo	·* ***P	14. MOTHER'S MAIDEN NAM	1 E	O.D.A.
	Rich	ard Dale			Anna Duye	"	
15.	WAS DECEASED E	VER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	<u> </u>	ADDRESS 21206
(Ye	yes	yes, give wor or dote:	Army	SECURITY NO.	Mrs. Maude Sle	itzer 4239	
_	1B.			CAUSE	OF DEATH	10001, 1000	INTERVAL BETWEEN
CERTIFICATION	ANT DISEASES OR RISE TO THE A UNDERLYING OTHER SIGNIFI TO THE DE	ECENDENT CAUSE CONDITIONS, IF A BOVE CAUSE (A) ST CONDITION LAST. II CANT CONDITIONS ATH BUT NOT REL ONDITION CAUSING	S NY, GIVING ATING THE CONTRIBUTIN				
	19A. DATE OF OF	PERATION 19B. CON WAS PERF		VHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	
EDICAL	21 A. EXTERNAL CUNDERLYING OF	CONTRIB-			in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore City, gi	ve exoct location)
Σ	21D TIME (NOF INJURY (APPROX.)	Nonth) (Doy) (Yeor		CHILE AT NOT YORK AT W	21F. HOW DID INJ	URY OCCUR?	
		that I held an Ir		Inspection Aut		nis bosis, deoth in n Undetermined mann	
	ACTUAL SIGNATUR	1 "1/	nerle	while M.D.	CHIEF MEDICAL E	XAMINER X	DATE SIGNED
	EXAMINER NAME (Typ	R. Breit			ASSOCIATE MEDICAL E		2-3-66
	burial CREMA burial	23B. DATE 2-5-66		Baltimore, Cem		Baltimore, M	d. (Stelet
24	A. DATE REC'D BY	HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIRECTO	R	ADDRESS
	FEB 9	1966 @	8. Ja	Course .	Ullrich Funer	ral Home, Ba	ltimore, Md.
VS	151-REV. 1/1/65				6; 6 6)	



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66 BIRTH NO.	01386 MED	BALTIMORE CITY HEA		DE DEATH Regist	GGNa.D.1.3RG
M.E. CASE NO.	MED	ICAL EXAMINATES O	EKTITICATE	DEATH	
1. NAME OF D	ECEASED		[2, DA	TE AND HOUR PRONOUN	CED DEAD
(Type or Print)	1 11 0 -	harles Warren		2/3/5	7 01
	20001110	HERE PRONOUNCED DEAD	4 USUAL PESIDENCE	-1 -1 -	6 /:31 p. N stitution: residence before admission
. react iii sa	timone manie and, m	TIERE I RONO GIV GED DEAD	A. STATE	B. CO	UNTY
ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Maryl Maryl		ite RURAL and give township)
NSTITUTION	ADDRESS OR LOCA	ATION)	C. CITI OK TOWN (III	dotside colpotote illinis, wi	- A A
				timore 0	704
5			D. STREET ADDRESS	Il rural, give location)	
	Hopkins Ho	spital	23	01 E. Oliver S	t.
. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 H Months, Doys, Hours, Min.
male	colored	1 1	K-17 104	1 40	Total is a second secon
OA USUAL OC	CUPATION (Give kind at wor	SINGE HIDD OF BUSINESS OR INDUST	5-17-193 RY 11. BIRTHPLACE (Stote of		12. CITIZEN OF
	f working lite, even if retired)	1 1 1 1	1	. 1/	WHAT COUNTRY?
	142	Trash Kemoval	Greenbay	va.	71.5,17.
FATHER'S NA	ME		14. MOTHER'S MAIDEN	NAME	
Cha	plie W/2	nnen	ANNIO R	odd	
	SED EVER IN U.S. ARMED		17. INFORMANT		ADDRESS
es, no or unknow	(If yes, give wor or dote	es of service) SECURITY NO.		1 Xit	-, 2 BOX 30A;
NO			MYS ANNIE	3Warner Gr	neentay, Va.
1B	DIX.	CAUS	E OF DEATH		INTERVAL BETWEEN
Loler	ACT OF CONDITION OF	In Fowl V			ONSET AND DEAT
DISE	ASE OR CONDITION DI LEADING TO DEATH	Gunsho	t wounds of n	eck, involving	cervical
(This does	not mean the made of	dving e.g., Philip Por		and right lung	
heart failu	re, osthenio, etc. It meons complication which coused	s the disease.	ine, cracilea	and right rung	
	ANTECENDENT CAUSI	ES (P)			Annual Vision
DISEASES	OR CONDITIONS, IF A	ANY, GIVING DUE TO		***************************************	
	THE ABOVE CAUSE (A) S	TAING THE			
Z		(C)			
2	II			Maria and Maria	
OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING			
E DISEASE	DEATH BUT NOT RE				
_		NOTION FOR WHICH OPERATION	20A, AUTOPSY? (Yes	or No) 20B. IF YES, WERE I	FINDINGS CONSIDERED
U)	WAS PER		yes	IN CERTEYING CAL	USES OF DEATH?
	AL CAUSE WAS	lose Blace Of thister	3		
UNDERLYING	GOR CONTRIB-	21B. PLACE OF INJURY (e.g. home, lorm, foctory, street,	office bldg., INJURY OCC	UR?	give exoct locotion)
UNDERLYING CA	USE OF DEATH.	etc.) street			tterson Pk. Ave.
21D TIME	(Month) (Doy) (Yeo			D INJURY OCCUR?	210011 2110
OF INJURY					
(APPROX.)	2 3 66 7	:00 p . WHILE AT NOT	WHILE X shot d	uring argument	Track - Comment of
22.				and the best of the	
1 ce	ertify that I held an I	Inquiry Inspection A	utapsy X and that	an this basis, death In	my apinian
res	ulted fram: Natural ca	uses Accident Sulci	de Hamicide	Undetermined man	ner
			CHIEF MEDIC	AL EXAMINER	
ACTU		10 5 11/			DATE SIGNED
SIGNA	11 000	M.	D. ASSISTANT MEDIC		211.166
	INER'S		ASSOCIATE MEDIC	AL EXAMINER	2/4/66
		Spitz, M.D.			
23A. BURIAL CI REMOVAL (Spec	REMATION, 23B. DATE	23C. NAME of CEMETERY	or CREMATORY	23D. LOCATION (Cit	ly, town, or county) (State)
P	1 00	11 10-6 71		1	. 11-
1) CMOV	DRY HEALTH DERY	66 MITILIONC	enetery	Greenbay	, Va.
24A. DATE REC'	D BT HEALIH DEPT.	248, NAME OF REGISTRAR	24C. FUNERAL DIE	A O A O	ADDRESS
FIFT	0 3000 0 0	00 700	Kaulala	(1) troppil	INFP OF THE
FLU	व विविध कि	of the Michigan Maria	angely	14 LOCKER 14	HL-II PESTON D
VS 151-REV. 1/	1/65 1 5 3 8	14-	0	9	

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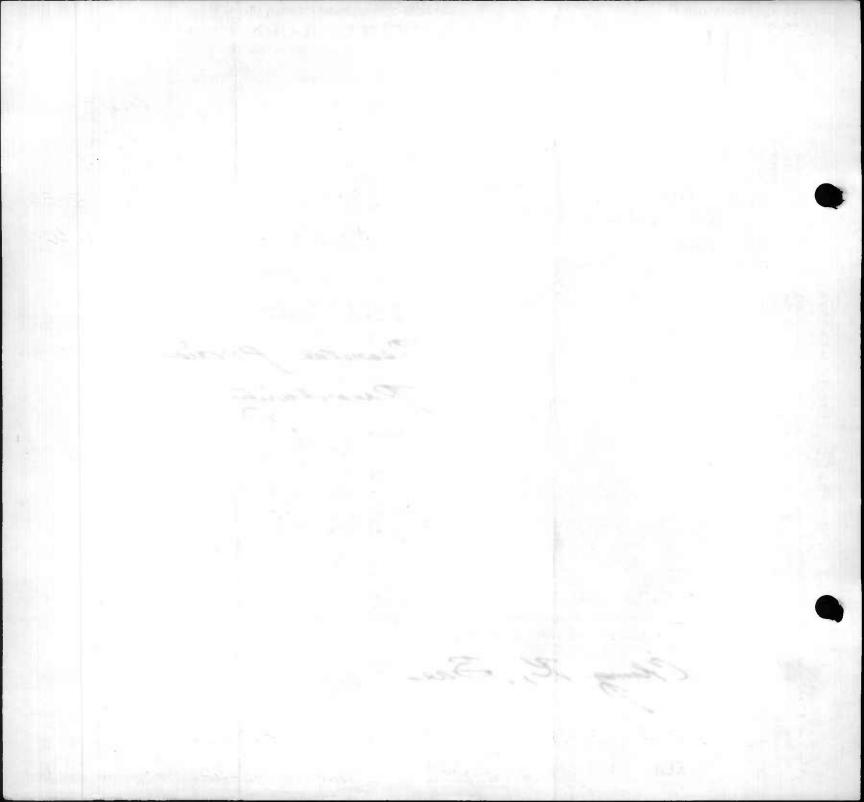
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death.

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO[04-0312466 U1387 Registered No.6 CERTIFICATE OF DEATH M.E. CASE NO. Such 2. DATE AND HOUR OF DEATH (Type or Print) BABU 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission MARYLAND FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR oddress or location) C. CITY OF TOWN (If autside city limits, write RURAL BALTIMORE priar BON SECOURS HOSPITAL O MERRICL made 5. SEX B. DATE OF BIRTH 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Haurs lost birthdov Months Dovs 20 INFANT 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF dispasition done during most of working life, even if retired) WHAT COUNTRY 13. FATHER'S NAME PARSONS 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknawn)(If yes, give war ar dates of service) SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 1 B. CAUSE OF DEATH INTERVAL RETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of dying, e.g., embal heart failure, astheria, etc. Il means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION Igst. remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes) or No. 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21& PLACE OF INJURY (e.g., in or obout 21 C. WHERE OID hame, form, factory, street, office bldg., INJURY OCCUR? City, give exact location) DEATH (natify medical examined etc.) MEDIC/ abtained (Manth) (Day) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 2-6' 1966 22. I certify that (I) (this haspital) attended the deceased from 19 66 to 1966 that (1) (we) last saw the deceased alive anand that In(my) (aur) apinian death occurred an the date and hour and from the couses stated abave ((1) (We)((did))(dld nat) view the bady after death. must 23A. SIGNATURE Altending Phys. approval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

FUNERAL DIRECTOR VS 150-REV, 1/1/65



This certificate must be approved by the chief medical examiner

nature;

any

the body was released to the hospital by

and

a hospital

cause of death

Such

death.

attendance

regular

eath

fracture of

regular who

No physician was in

deceased prior to death) was D.O.A. at a hospital shows: (1) An accident

physician

(4) Undetermined cause; (5) Deceased

contributing

or his assistant if death

		ethryn E. Caryl	2. DATE AND HOUR OF DEATH	5:55PM
FULL NAME O	ATH IN BALTIMORE, MA	RYLAND or institution, give street	4. USUAL RESIDENCE (Where decoased lived. If in A. STATE B. COUNTY Maryland	stitution: residence before ode
HOSPITAL OR	oddross or location		C. CITY OR TOWN (If autside city limits, write I Baltimore	RURAL and give (ownship)
$3^{\text{The J}}$	ohns Hopkins H	Hospital	D. STREET ADDRESS (If rurol, give locotion) 2810 E. Monument St.	
Female	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WICOW	B. DATE OF BIRTH 14-27-86 9. AGE (In years last birthday) 79	If Under 1 Yr. If Under Manths Days Haurs
one during most of	UPATION (Give kind of work working life, even if retired) 1 Work	TOB. KIND OF BUSINESS OR INDUSTRY Enterprise Fuel	11. BIRTHPLACE (State or foreign caunity) Co. Penna.	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NA/ Fleming	Keckler	-	14. MOTHERS MAIDEN NAME Sarah Elizabeth Wallace	
	Ever in U. S. Armed For		17. INFORMANT	ADDRESS
	, , , g	219-10-6497	Sara E. Wood, dght. a	bove
1B. H2	0.1	CAUSE C	DF DEATH	INTERVAL BETWE
DISEA	SE OR CONDITION DIR LEADING TO DEATH		myocardial infarction	l week
	ANTECEDENT CAUSES OR CONDITIONS, if		***************************************	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
OTHER SIGN	OR CONDITIONS, if e abave cause (A) G CONDITION last.	any, giving slaling the (C)		
OTHER SIGN TO THE D DISEASE OR	OR CONDITIONS, if a condition of the condition in the conditions of the conditions of the condition of the c	ONTRIBUTING STATE TO THE T. DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar No) 20B. IF YES, WERE IN CERTIFYING CA	
OTHER SIGN TO THE DO DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIB	OR CONDITIONS, if e abave cause (A) G CONDITION last. If CANT CONDITIONS C REATH BUT NOT RELACCONDITION CAUSING IF OPERATION 1798. CON	ONTRIBUTING LIED TO THE T. DITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	
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OTHER SIGN TO THE DU DISEASE OR 19A. DATE OF	OR CONDITIONS, if e abave cause (A) G CONDITION last. IFICANT CONDITIONS COPEATH BUT NOT RELACONDITION CAUSING FOR PERFORM WAS PERFORM CONDITION CAUSING COMMAS PERFORM CONDITION CAUSE OF COMMAS OF COMMAS PERFORM CONDITION CAUSE OF COMMAS OF COMM	ONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) (Hour) 21E. INJURY OCCURRED While At Not Whith Work) attended the deceased fram	20A. AUTOPSY? (Yes ar No) 20B. IF YES, WERE IN CERTIFYING CA in or about 21C. WHERE DID in Or about 21C. WHERE DID in JURY OCCUR? 21F. HOW DID INJURY OCCUR?	FINDINGS CONSIDERED USES OF DEATH? City, give exact locolian)
OTHER SIGN TO THE D DISEASE OR 19A. DATE OF	OR CONDITIONS, if e abave cause (A) e abave cause (A) G CONDITION last. IFICANT CONDITIONS COMEAN TO THE CONDITION CAUSING I FOPERATION 198. CON WAS PERFORMED CAUSE OF modical examines (Month) (Day) (Year) Those (I) (this hospital last saw the decease of from the causes stated.	ONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) (Hour) 21E. INJURY OCCURRED While At Not Whith Work) attended the deceased fram	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA in or obout 21 C. WHERE DID (If in Baltimore bldg., INJURY OCCUR?	FINDINGS CONSIDERED USES OF DEATH? City, give exact locolian)
OTHER SIGN TO THE DID INSEASE OR 19A. DATE OF 19A. DATE O	OR CONDITIONS, if e abave cause (A) G CONDITION last. IFICANT CONDITIONS CAUSEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERF NT WAS UNDERLYING UTING CAUSE OF modical examiner) (Month) (Day) (Year) That (I) (this hospital Last saw the decease d from the causes stat	ONTRIBUTING LIED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not Whith At Work) attended the deceased fram Lied above. (1) (We) (did) (dld not)	20 A. AUTOPSY? (Yes ar No) 20 B. IF YES, WERE IN CERTIFYING CA in or obout 21 C. WHERE DID (If in Baltimore bidg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19 and that In(my) (our) opliview the body ofter death.	FINDINGS CONSIDERED USES OF DEATH? City, give exact location)
OTHER SIGN TO THE D DISEASE OR 19A. DATE OF	OR CONDITIONS, if e abave cause (A) G CONDITION last. IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING F OPERATION 1988. CON WAS PERF NT WAS UNDERLYING UTING CAUSE OF modical examines) (Month) (Doy) (Year) that (I) (this haspital last saw the decease d from the causes stat URE	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., detc.) (Hour) 21E. INJURY OCCURRED While A1 Not White A1 Work A1 Work d alive on At work And of the deceased from ded above. (j.) (We) (did) (did not)	20A. AUTOPSY? (Yes ar No) 20B. IF YES, WERE IN CERTIFYING CA in or obout 21C. WHERE DID 1NJURY OCCUR? 21F. HOW DID INJURY OCCUR? 10 19 ta 19 and that In(my) (our) opliview the body ofter death.	FINDINGS CONSIDERED USES OF DEATH? City, give exect locolian) 2/7/66 19 1238. DATE SIGNED 2/7/66

Schimunek Funeral Home, Inc. 2601 E. Madison St.

VS 150-REV. 1/1/65

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obtained before the remains are embalmed

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death) hospital

prier to 0

deceased

at

MOS

6 eath

regular

ance

hospital

Cause

contributing

(4) Undetermined

regular

IMPORTANT FUNERAL DIRECTOR:

to the hospital

was released

the body shows:

nature;

CERTIFICATE OF DEATH BIRTH NO. 66 91389 M.E. CASE NO.

IDA MINNIE HOLLAND

(If not in haspital or institution, give street

Registered No.

2,	D	ATE	AND	HOU	R	OF	D	EATH
1			_		_	-	-	-

2, DATE	AND HOU	R	OF	DEAT
Thek	~	-	0	66

	Feb.	7,	1966	9:2	28 a.	
D	ENCE (Where	deceas	ed lived, if insti	lution: residence	before admis	sic

4. USUAL RESI B. COUNTY

Md.21205 (If outside city limits, write

Baltimore

(If rural, give location) D. STREET ADDRESS

			2915	McElderry	St.
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
female	white	single	May 1, 1888	77	
	UPATION (Give kind of work working lile, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Seamstr	ess	Goldman Co.	Baltimore,	Md.	
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN N		

Louis N. Holland

address or location)

2915 McElderry St.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION

Emma V. Brady

15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT SECURITY NO.

ADDRESS

		2	216-10-9033	Miss Emma Ho	lland, sist	er, above
	DISEASE OR COND LEADING TO	DEATH	GAUSE OF	oma of be	escending	INTERVAL BETWEEN ONSET AND DEATH
	heart failure, asthenia, etc. injury or complication whi ANTECEDENT DISEASES OR CONDITION rise to the above co UNDERLYING CONDITION	. It meons the diseos ch caused death.) CAUSES ONS, if ony, givin use (A) stating th	DUE TO	ulisin)	The	6 mas
ATION	OTHER SIGNIFICANT CONTO THE DEATH BUT DISEASE OR CONDITION OF	NOT RELATED TO				
ERTIFIC	19A. DATE OF OPERATION	19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDI	
Ü	21A. ACCIDENT WAS UND		IB. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimare City	, give exact location)

etc.

DEATH (notify medical examines)

DEATH (notify medical examines)

DEATH (notify medical examines)

DEATH (notify medical examines)

OF INJURY

(APPROX) (Month) (Doy) (Year) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Hour)

Not While While At (APPROX.) Work Al Work

22. I certify that (I) (this hospital) attended the deceased from

(our) apinian death occurred an the date

	and had and from the causes stated above. (1/x e) de	a) (ala il	di / view life budy differ dedili.	
	23A. SIGNATURE FIRMS	M.D.	Attending Med. Stoll Phys. Director Phys.	23 B. DATE SIGNI
/	23C. PHYSICIAN'S		23D. ADDRESS	

2939 McElderry Street

24D. LOCATION (City, town, or county) (Stote)

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Parkwood Cemetery Burial 2/10/66 25A. DATE REC'D BY HEALTH DEPT.

Baltimore, Md. himunek funeral Home, Inc.

VS 150-REV. 1/1/65

24C NAME of CEMETERY OF CREMATORY

Brehms Lane

the property of the second sec Terris . U ship. that come them become

the chief medical examiner

or his assistant if death

MOS the

death OD

pronounced Also,

> who <u>e</u>

fracture of

examiner.

medical (2) Body burns;

the body was released to the hospital by

shows: (1) An accident of

This certificate must be approved by

attendance any

kind:

written approval must be obtained before the remains are embalmed or final disposition is made,

deceased prior to death); and (6) No physician was in regular

(except where any nature;

a hospital

was D.O.A. at

		BALTIMORE CITY	HEALTH DEPARTMENT		
	H NO. 66 ()	1390 CERTIFICA	TE OF DEATH	Registered No.	· 66 01390
	AME OF DECEASED V		2. DATE A	ND HOUR OF DEATH	1
(Typ	oe or Print) ANGELA PELI	ESKA		6-66	1 1.00 A N
3. 1	PLACE OF DEATH IN BALTIMORE, MA	ARYLAND	14. USUAL RESIDENCE (Wh	ere deceased lived. If	institution: residence before admission)
			MARYLAND 8. COU	NTY	- 1
	FULL NAME OF (If not in hospital HOSPITAL OR oddress or location	or institution, give street			700
	NSTITUTION		BALTIMORE	utside city limits, wrife	RUNAL ond give township)
2	THE JOHNS HO	PKINS HOSPITAL		f rurol, give location)	
5					
-		T AAABBIED NEWER AAABBIED	2720 E. MAI	DISON STRE	
5. 5		7. MARRIED, NEVER MARRIED WIDOWED, DIYORCED (specify)		9. AGE (In years tost birthdox)	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
	FEMALE WHITE	WIDOWED	5-21-90	15	
	, USUAL OCCUPATION (Give kind of wor e during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
_	anitoress	Glenn Martin Co.	Czech.		W.S.
13.	FATHERS NAME		14. MOTHER'S MAIDEN NA	AME	
	FRANK XXXXXX	CXA Vestecka	unknown		
15.	Was Deceased Ever in U. S. Armed Fo	rees? 16. SOCIAL	17. INFORMANT1190	n - 1	A ADDRESS 10
(Yes	s,no or unknown) (If yes, give wor or dot				
_		212-20-0530	Alphonse J.	Hostinek,	
	18.443XI	CAUSE O	F DEATH	r	ONSET AND DEATH
	DISEASE OR CONDITION DI	RECTLY	m. P. L.	1- and 6 +	5 Jan
	(This does not meen the mode of	dying, e.g., DUE TO	# Cerebrovascul	in accusion	
	heart failure, asthenia, etc. It mean:			1 1 1	
	injury at camplication which caused	deam,	4SCUD		Constanding
	ANTECEDENT CAUSE	DUE TO	\$ AAAAAAAAA	·· •··••••••••••••••••••••••••••	
	DISEASES OR CONDITIONS, if				
	UNDERLYING CONDITION last.	stoting the (C)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	11				
NO	OTHER SIGNIFICANT CONDITIONS				
ATION	TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING				
RTIFIC	19A. DATE OF OPERATION 198. CO	NOTION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or h	10) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
ERT	37.1.60	! Subdural herston	- gis		
U	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, or		(If in Boltimo	ore City, give exact location)
CAL	DEATH (notify medical examiner)	etc.)			
EDI	21 D. TIME (Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
٤	(APPROX.)	White At Not Whill Nork At Work			
	22 - 116 1 - 11 11 1 1 1 1 1 1		L. /.	10 //	2 . 6
	22. I certify that (I) (this haspite	= /	66	196.6to	2 . 6 19.6 6
	that (I) (we) lost sow the deceas				olnion death occurred on the dat
		oted abave. (I) (We) (did) (did not) v	view the body after death	•	
	23A. SIGNATURE	7 /	anding and AA-A	Sacti -	23B. DATE SIGNED
	Victorias 1.0	ortun M.D. Atte	ending Med. Director	Stoff Phys.	2.6.66
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	NICHOLAS J	. FORTUIN M.D.	THE JOHNS	HOPKINS HO	OSPITAL

24A. BURIAL CREMATION, 24B. DATE

24C. NAME OF CEMETERY OF CREMATORY

24D. LOCATION

2/9/66 Burial

Bohemian National Cem Baltimore, Md.

258 NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. Schimunek Funeral Home, Inc. 2601 E. Madison St.

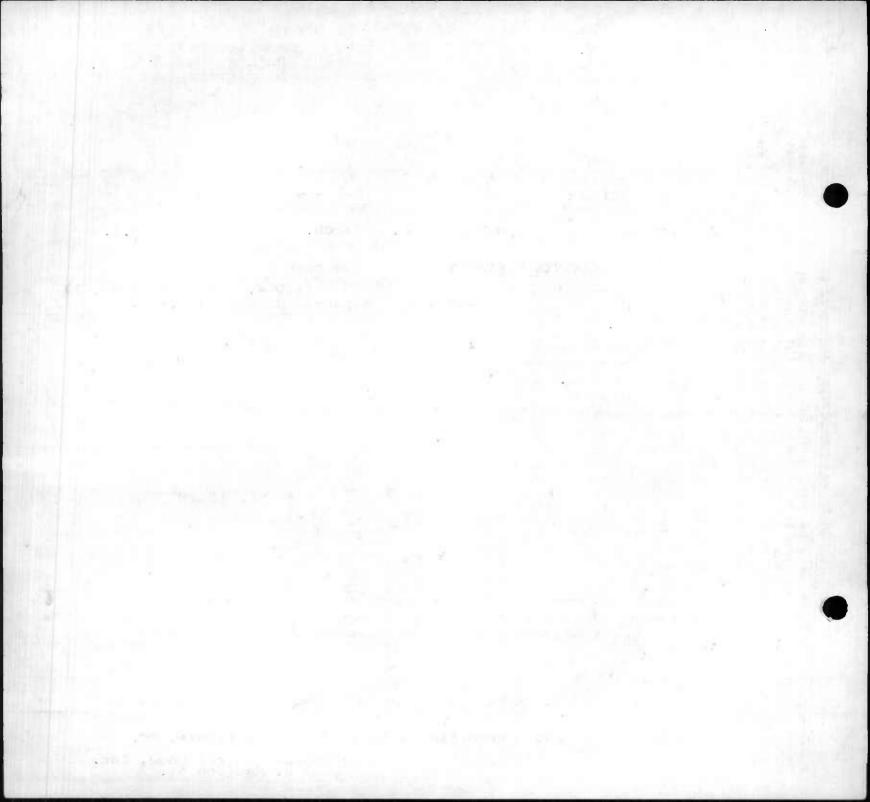
VS 150-REV. 1/1/65

FEB

(City, town, or county)

ADDRESS

(Stote)

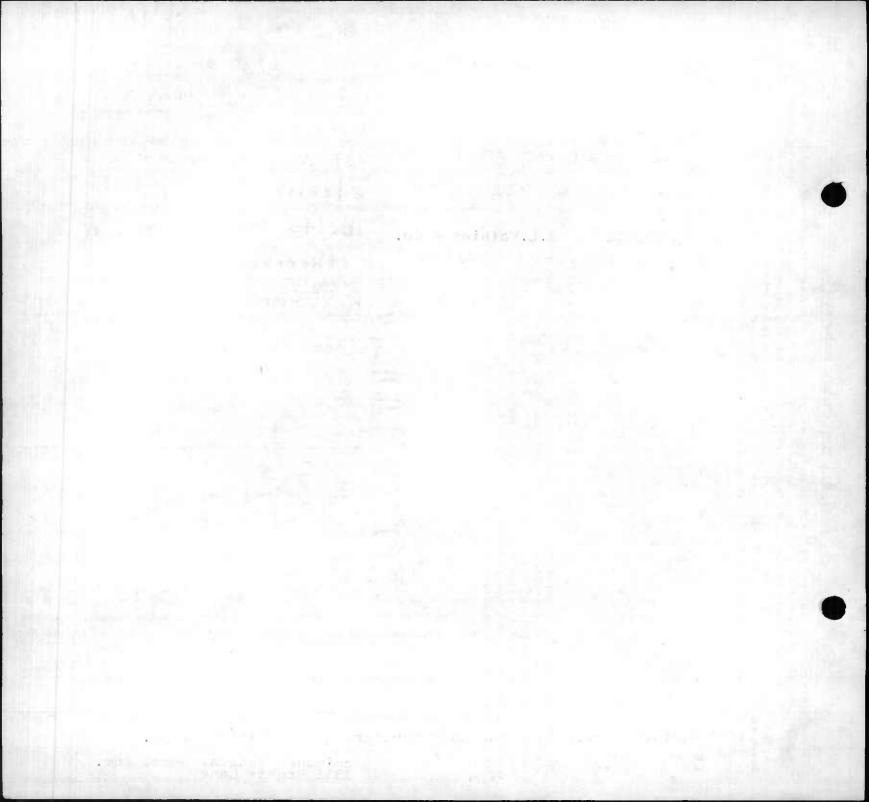


25A BATE REG'D BY HEALTH DEPT

VS 150-REV. 1/1/65

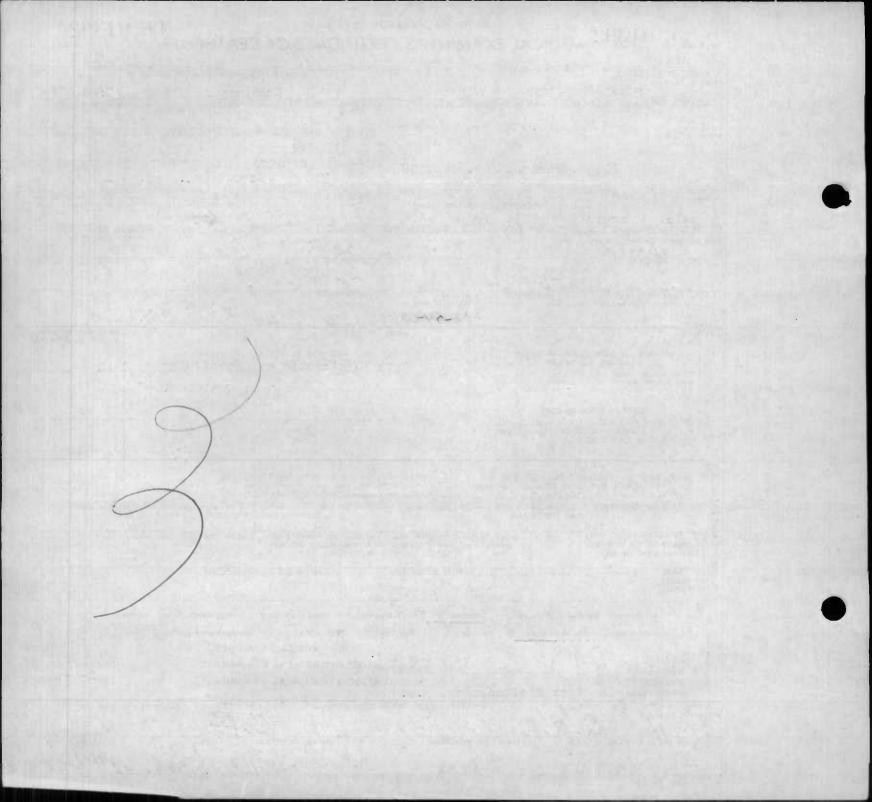
1004	BALTIMORE CITY	HEALTH DEPARTMENT		66 01391
BRTH NO. G6 01391	CERTIFICA	TE OF DEATH	Registered No	00 11001
I. NAME OF DECEASED	1	2. DATE AN	D HOUR OF DEATH	0.30-
TOM CTITO	orough	2	5 1 66	1 9 P M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	e decoased lived If insti	tution: residence before admission)
FULL NAME OF (If not in hospital or institution, given the composition of the composition) (If not in hospital or institution, given the composition) (If not in hospital or institution, given the composition) (If not in hospital or institution, given the composition) (If not in hospital or institution, given the composition) (If not in hospital or institution, given the composition) (If not in hospital or institution, given the composition) (If not in hospital or institution, given the composition) (If not in hospital or institution, given the composition) (If not in hospital or institution) (If not	e street	0.11	sido city limits, write RU	RAL and give tawnship)
Mary Land	. 1		205 urol, give location)	
General Hospit	9 /	921 N. B	eLword	Ave.
Female Cancerian 7. MARRIED, N. WIDOWED, WIDOWED, WIDOWED,	EVER MARRIED DIVORCED (specify)		ast birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF B done during most of working life, even if retired)		11. BIRTHPLACE (State or foroign	gn country)	12. CITIZEN OF WHAT COUNTRY?
12 SATUES AMARIE	ias & Co.	14. MOTHER'S MAIDEN NAM		0.>.11.
Elmer Khingelho	efler	Catherin	e Grill	
15, Wos Deceosed Ever in U. S. Armed Forcos? (Yes, no or unknown) (If yes, give war ar dates of service)	6. SOCIAL SECURITY, NO.	17. INFORMANT	0.41	ADDRESS 111 1
No :	219-16-3202		147	General Hospita
18. 7/0,0 I	CAUSE O	1		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)	Schero dei	(Ma	Years
(This does nal mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.)	DUE TO		\$\$\$\$\$\$\$ 0.00 0.00 0.00 0.00 0.00 0.00 0	
ANTECEDENT CAUSES	(B)		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
DISEASES OR CONDITIONS, if any, giving	DUE TO			
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)			**************************************
ll ll				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Error			
19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED	IICH OPERATION	20A. AUTO SY? (Yos or Not	208. IF YES, WERE FIR	NDINGS CONSIDERED
		n or obout 21C. WHERE DID iffice bldg., INJURY OCCUR?	(If in Baltimaro	City, give exact lacation)
OF INJURY (Manth) (Doy) (Year) (Hour) 21E, 19	NJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.) While Work	At Work	• 🗆		
22. I certify that (1) this hospital) attended the	deceased from	11	9 6 10	2 13 19 66.
that(1)'()we) lost sow the deceased alive on			it in (my) (our) opini	an deoth occurred on the dote
ond haur and from the couses stoted obove.	(We) (did) (did not)	iew the body after deoth.	To	DATE CIGNED
Problect E. Honer, W	M.D. Atto	ending Med.	Stoff Phys.	Z 6 66
23°C. PHYSICIAN'S NAME (Type)	M.D.	23D. ADDRESS		
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	AE at CEMETERY or CR	EMATORY 24D. LC	CATION (City,	tawn, ar county) (State)
REMOVAL (Specify)	Lawn Ceme		ltimore, M	
25A DATE REC'D BY HEALTH DEPT 125B NAME OF	REGISTRAR	Schimunek F	uneral Hom	e. Inc.

25C. FUNERAL DIRECTOR
Schimunek Funeral Home, Inc.
3331 Brehms Lane

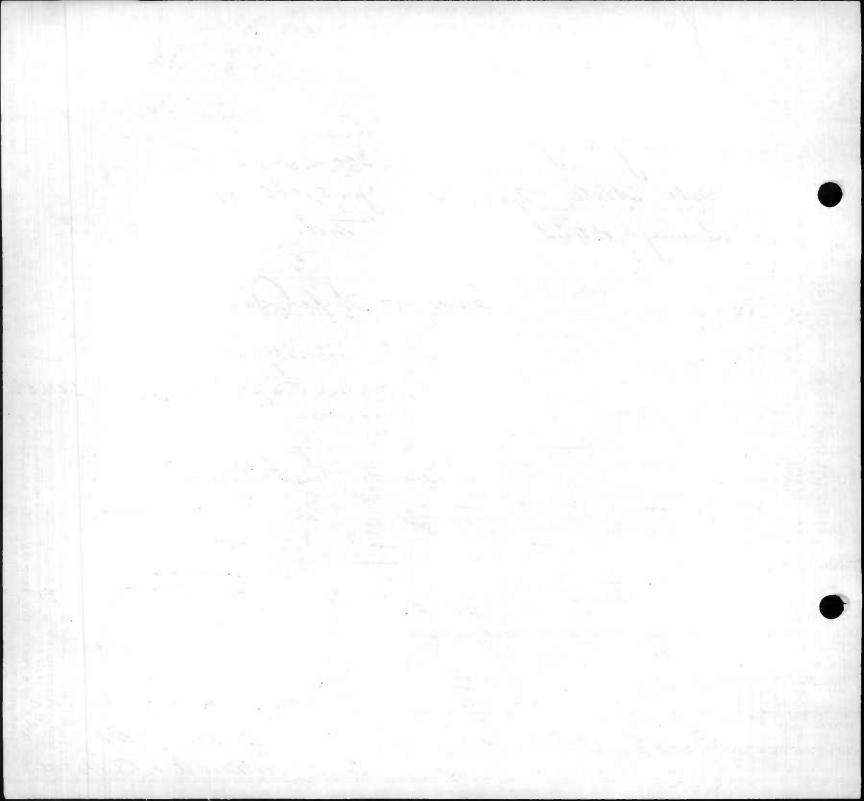


B-346

	BALTIMORE CITY HEAD							
BIRTH NO.6 01392 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.								
N	LE CASE NO.							
1.	NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD						
	HARRISON BUTLER	February 5, 1966 2:45 P M.						
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
F	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give spwnship)						
H	OSPITAL OR ADDRESS OR LOCATION)	Baltimore A A						
	221 N Emanant Ann Ant 207	D. STREET ADDRESS (If rurol, give lacotion)						
1	221 N. Fremont Ave. Apt. 307	221 N. Fremont Ave. Apt. 307						
5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDO, WED, DWORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs. Manths, Doys, Hours, Min.						
	male negro Widow	JUNE 2, 1897 68						
	A. USUAL OCCUPATION (Give kind of work) IOB. RIND OF BUSINESS OR INDUSTRING during most of working life, even if retired)	Y11. BIRTHPLACE, (Spot or foreign coupyry) 12. CITIZEN OF WHAT COUNTRY?						
1	L ROPE OF CF	14. MOJHER'S MAIDEN NAME						
	Lavia Br. Hon	H + + + + + + + + + + + + + + + + + + +						
1	WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SO CIAL	17. INFORMANT ADDRESS						
	es, no or unknown) (If yes, give war or dotes of service) SECURITY NO.	allin Men 200 Bilan Men						
-	110 213-54-027	F OF DEATH INTERVAL BETWEEN						
	18. 422.1 I	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ericaeleratic cardiovescular discoss						
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	eriosclerotic cardiovascular disease						
	injury ar camplication which coused death.)							
	ANTECENDENT CAUSES							
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE							
	UNDERLYING CONDITION LAST.							
	, (<i>i</i>							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
	DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes at No.) 208, IF YES, WERE FINDINGS CONSIDERED						
1	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?						
	21A, EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g.,	in or obout 21C, WHERE DID (If in Boltimare City, give exact location)						
	DÜNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.	affice bldg., INJURY OCCUR?						
	21D TIME (Manth) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
	OF INJURY	WHILE WORK						
	22							
	I certify that I held on Inquiry Inspection X Au							
	resulted from: Natural causes X Accident Sulcid							
	ACTUAL MAINTENANCE	CHIEF MEDICAL EXAMINER DATE SIGNED						
		ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER 2-6-66						
	Rudiger Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER						
2 R	BA. BURIAL CREMATION, 23B. DATE 23C. NAME OF CHARTER	or CREMATORY 23D. LOCATION (City, tawn, or county) (State)						
1	Surial 0 1/1966 7/14 (allo	My Club. Englis Class ALEV Mid.						
2	4A. DATE REE D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR						
	BURN 0 1025 A 0 4 0 7 0 m	· Mil Vinne Temps at Home 31991. Lister Name						
1	S 151-REV. 1/1/65	Town I will the of bil. I are and a						
1	S 151-REV. 1/1/65	0 1 3 7						



	BALTIMORE CIT	Y HEALTH DEPARTMENT	9.		
BIRTH NO. 66 8139	3 CERTIFICA	ATE OF DEATH Registered No.	ee 01393		
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEAT	H		
Type or Print)	DATH	Feb-6-196			
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	77/17	4. USUAL RESIDENCE (Where deceased lived, II	06 10.3017,		
TEACE OF BEATH IN BALTIMORE MARIEAN		A. STATE B. COUNTY	institution; residence before odmissio		
FULL NAME OF (II not in hospital or insti	tution give sheet	Bod (300)	4		
HOSPITAL OR oddress or location)	iution, give sheet	C. CITY OR TOWN (II outside city limits, with	e RURAL and give township)		
INSTITUTION		the dollars of the wife	e KOKAL ona give lownship)		
1 1/1		ossel	2370		
(chy Hosp,		D. STREET ADDRESS (If rurol, give locotion)			
1 1		300 & Janlas (1m	0		
5. SEX /6. RACE 7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH / 19. AGE (In years	If Under 1 Yr II Under 24 H		
	DOWED, DIVORCED (specify)	lost hirthday	Months Doys Hours Min.		
Male offule of	arried	Jan. 5, 1885 81			
IDA, USUAL OCCUPATION (Give kind of work 10 B/K	ND OF BUSINESS OR INDUSTR	M. BIRTHPLACE (State or lareign country)	12. CITIZEN OF		
done during mast of working life, even if retired)		22-1	WHAT COUNTERS		
Tremory Tetered		11/a.	4.5.91		
3. FATHERS NAME		14. MOTHER'S MAIDEN NAME			
0 3		5			
/		/			
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
or without milital year, give wor or dutes of se		Willed L			
	216-05-4079	July same a	o accore)		
18. 4-20,1	CAUSE	OF DEATH	INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY	1		ONSET AND DEATH		
LEADING TO DEATH	/	on an agent Police	and .		
(A) WENDEY OF COUCH					
hearl failure, asthenia, etc. II means the disease,					
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) DUE TO Output Selective Carlos ANTESTORING CARLOS (Selective Selective Selective Carlos (Selective Selective Selective Carlos (Selective Selective Selec					
ANTECEDENT CAUSES	(B)	more concerned and the	ular / 5 place		
DISTASTS OF CONDITIONS I	DUE TO	10'404-0			
DISEASES OR CONDITIONS, if any, rise to the above cause (A) statin					
UNDERLYING CONDITION last.	9 1110				
OTHER SIGNIFICANT CONDITIONS CONTRI	DITING O	1	n 7		
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE MICAM	ratic A cont Disease			
DISEASE OR CONDITION CAUSING IT.					
198. CONDITION WAS PERFORME	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?		
E O	-	No	The second secon		
U 21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (II in Baltim	ore City, give exact location)		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, loctory, street, etc.)	office bldg., INJURY OCCUR?			
U	0.00				
21D. TIME (Month) (Doy) (Year) (Hou	1) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
(APPROX.)	While At Not Wh	ile 🗀			
(APPROL)	Work Al Work				
22. I certify that (1) (this hospital) atte	nded the deceased from	an, 25 1954 , 20.	20,30 10/6		
that (I) (we) last sow the deceased aliv	e on	1965 and that in (my) (aur) a	pinian death accurred an the c		
and haur and from the causes stayed ab	ave. (1) (We) (did) (did nat)	view the bady after death.			
23A. SIGNATURE	17	,	238. DATE SIGNED		
Ben 12. Ame	M.D. At	tending Med. Stoff	-7		
17/10 8/190	Ph. Ph	ys. Director Phys.			
23C. PHYSICIANS	1 1	23 D. ADDRESS	71		
NAME TO SOM 19/1	mich	112 9 1 000	10.11 21 0-		
1/201/0/10	M.D.	HIS CORRENT WIRE.	Sulle. ZI MA		
24A. BURIAL PREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CE	REMATORY 24D. LOCATION	City, town, or county) (Stole		
REMOVAL (Specily)	6 1	1 1 1 1			
Jurial 1 0/9/66	Harrens of	Jack Salfs.	Mai		
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS		
EED 0 4000 0 0 0 0	TAR HAD D	Commeller 300 Mace a	no Books 21		
FEB 9 1966 (2.0. 15 2	STATE OF THE STATE	connecty soon ace a	, Jakit, di		
VS 150-REV. 1/1/65		0			



BI RT	'H NO.	6	6 01394	CERTIFIC	CATE OF D	1	Registered (6 0139	4
	AME OF DECI	EASED					ND HOUR OF DEA	TH	
	e or Print)			ST, FRANCIS,		2-6	-66		1:35A M.
	FULL NAME OF DEA HOSPITAL OR NSTITUTION	F (If not	in hospitol or instit s or location)		MARYLA C. CITY OR TO	ND WN (If o	ere deceosed lived. I NTY utside city limits, wri	Bult	e township)
12	ST.	AGNES	HOSPITAL		D. STREET ADI	DRESS (II	rurol, give focotion) PECT AVE.	. 21 228	700
	MALE	6. RACE WHIT	E MA	RRIED, NEVER MARRIED DOWED, DIVORCED (specify) RRIED	8. DATE OF BIR	тн	9. AGE (In years lost birthdoy)	If Under 1 Y Months Doy	s Hours Min.
	.USUAL OCCL during most of v			ND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACI	(State or for	eign country)	12. CITIZEN WHAT	OF COUNTRY?
	RAKEMA		В 8	& O. RAILROAD	STANFOR			U.S	.A.
13.	FATHER'S NAA		ARLES A. I	BROADHURST	14. MOTHER'S	MAIDEN NA DRENCE			
(Yes		(If yes, give	Armed Forces? wor or dotes of se	16. SOCIAL SECURITY NO. 215-03-0339	ST. AGNE	SEM E	MERGENCY	ROOM RE	CORDS Ave.
2.0	DISEAS (This does n heall failure, injuly of com	E OR CONE LEADING TO of mean the asthenia, etc plication whi	mode of dying, . II meons the dis ch caused deoth.)	e.g., DUE TO	E OF DEATH		maig due mysca tim.	INTE	RVAL BETWEEN ET AND DEATH
CERTIFICATION	TISE TO THE	E above con CONDITION CONDITION CONDITION CON CONDITION CON CONDITION CONDIT	ouse (A) stating N lost. DITIONS CONTRIE NOT RELATED T CAUSING IT.	the (C)	[20A. AUTOP			RE FINDINGS COI	NEIDEBED
RTIF	0	O' EKAHOH	WAS PERFORMED		NO	31: 1103 01 11	ÎN CERTIFYING	CAUSES OF DEA	fH?
	21A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAU	ERLYING SE OF	21B. PLACE OF INJURY (e home, form, foctory, stree etc.)	e.g., in or about 21C. W et, office bldg., INJUR	HERE DID	(If in Boltie	more City, give ex	oct locotion)
MEDICAL	21 D. TIME OF INJURY (APPROX.)	(Month) (D	oy) (Year) (Hour		While	OW DID IN	JURY OCCUR?		
	22. I certify that (I) (this hospital) attended the deceosed from 2-6-19 66 to 2-6 1966, that (I) (we) last sow the deceosed alive on 2-6-19 66 and that in (my) (our) opinion death occurred on the date and hour, and from the couses stated above. (I) (We) (did) (did not) view the body after death. 23A. SHATURE 23A. PHYSICIAN'S NAME (Type) DR. RAFAEL MARIN M.D. ST. AGNES HOSPITAL								
244	REMOVAL (S	pecify)		4C. NAME of CEMETERY OF	CREMATORY		LOCATION	(City, town, or co	unty) (Stotel
25 A	BURLAL DATE REC'D	BY HEALTH	./9/66 DEPT. 25B. N.	LAKE VIEW MEMO		AL DIRECTO	BALTIMORE,	MARYLA	ADDRESS
	FEB 9	1966	Robert E.	. Salegua	HUBBARD	FUNE R	L HOME, 41	107 WILKEN	IS AVE. #29
٧S	150-REV. 1/1/6	5							

1774-0 - 15 21 .75

FF one is the rest the .a. is

1 29-75-74 Bland Shind File

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INTERNATIONAL DESCRIPTION OF THE PROPERTY OF T

	CC (1395	BALTIMORE CITY	HEALTH DEPARTMENT		ce 01205	
BIRTH N	0.	11000	CERTIFICA	TE OF DEATH	Registered No	66. 01395	
M.E. CA	SE NO. OF DECEASED			2. DATE	AND HOUR OF DEATH		
(Type or	Print) Burkindi	na	Sarah V	varie	2/6/66	3:35 AM	
3. PLAC	E OF DEATH IN BALTIMORE, MAI	TAND /	od reep	4. USUAL RESIDENCE (V	Vhere deceased fived. If inst	itution: residence before admission)	
1					UNITY	11 /2 /2	
HOSP	NAME OF (If not in hospital of tral OR oddress or location		give street	maryla	outside city limits, write RU	TORGET EN	
	TUTION			1 1		TRAL ONG GIVE TOWNSHIP	
1/n	contebello Sta	to 14	crital	D. STREET ADDRESS	(If rural, give location)	0000	
1	5/6	VE IK	Diver	lound Ro	rad RdZ	Box 302	
5. S EX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	It Under 1 Vr. If Hader 24 Her	
I	- 1.)	WIDOWED	D, DIVORCED (specify)	10/0/43	lost birthdoy)	Months Doys Hours Min.	
INA HEH	AL OCCUPATION (Give kind of work		marn'60	11. BIRTHPLACE (State or	Wh ##	12. CITIZEN OF	
	ng most of working life, even if retired)	TOW KIND OF	BOSHIESS OK HIDOSIKI	0. /		WHAT COUNTRY?	
			-	Mary la	end.	U.S.	
	IER'S NAME			14. MOTHER'S MAIDEN	NAME	4	
M.	Hon Burkine	line		Marie	Cammar	ata_	
15. Was	Deceased Ever in U. S. Armed Force	0.5?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
-	or unknown) (If yes, give wor or date:	s of service)	SECURITY NO.	magica 7	1 - 1 -	al a Mo	
h					purkindine		
18.			CAUSE O	F DEATH		ONSET AND DEATH	
	DISEASE OR CONDITION DIR	ECTLY	D.	1			
(Thi	s does not mean the mode of	dvina. e.a	(A) DUE TO	ondes pue	i)norries		
hea	rt failure, osthenio, etc. It means	the diseose,					
inju	ry or complication which caused	in un	an i fion				
	ANTECEDENT CAUSES				***************************************		
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the			ultiple 50	elemeis	3415	
	UNDERLYING CONDITION last.				3/2		
	- 11						
	HER SIGNIFICANT CONDITIONS C						
	THE DEATH BUT NOT RELA EASE OR CONDITION CAUSING IT		t				
ERTIFIC	DATE OF OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE FIL	NDINGS CONSIDERED SES OF DEATH?	
E K	1			ges			
U 21A.	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	21B	PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR	(If in Boltimore	City, give exoct locotion)	
DEA	TH (notity medical examiner)	etc.					
Q 21 D.	TIME (Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
₹ OF I	INJURY PROX.)		ile At Not White				
		Wo			-17	2/1	
22.	I certify that (I) (this hospital	ottended t	he deceased from	//_/	1966 10	1966	
thot	(1) (we) lost sow the decease	d olive on	16	19 6 ond	that in (my) (our) opini	on deoth occurred on the dote	
ond hour and from the causes stated above. (I) (%e) (did) (did not) view the body after death.							
23A.	SIGNATURE	2 0	2 0			23B. DATE SIGNED	
	Volvers	Stel	and M.D. Atte	ending Med. Director	Stoff Phys.	2/6/66	
23 C.	PHYSICIAN'S			23D. ADDRESS		/ /	
	Robert W	Incl	M.D.	Mantala	11. 9	and had	
24A. BU	Robert W.		AME of CEMETERY OF CRE			spital , town, or county) (Stote)	
	MOVAL (Specify)	. 11.	M	6	11	4.4	
1201	IAL FEB. 9196	66 NA	RFORD/IEMOR		HARFORD C	Mo,	
25A. DA	TE REC'D BY HEALTH DEPT.	258 NAME C	OF REGISTRAR	25C PUNERAL DIREC	TORUTH	ADDRESS 9111	
Par	18 9 1966 Robert	6,40		XI-///allain	1 fellelle TY	avrile disellide	
VS 150-1	REV. 1/1/65	7			4		

The many was sold for the Dream Braze as a

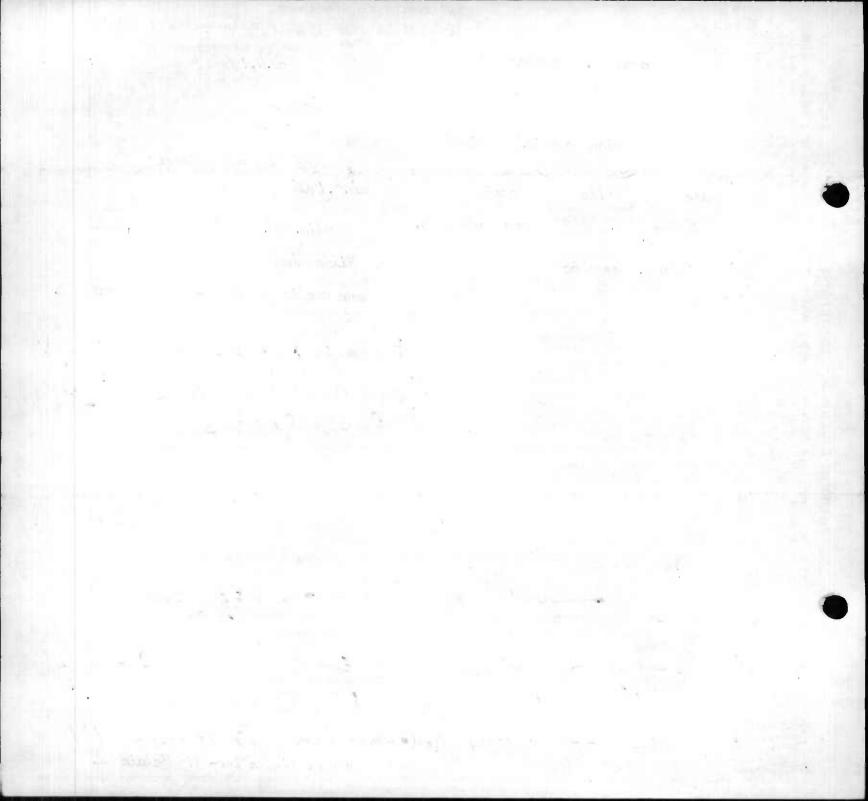
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT

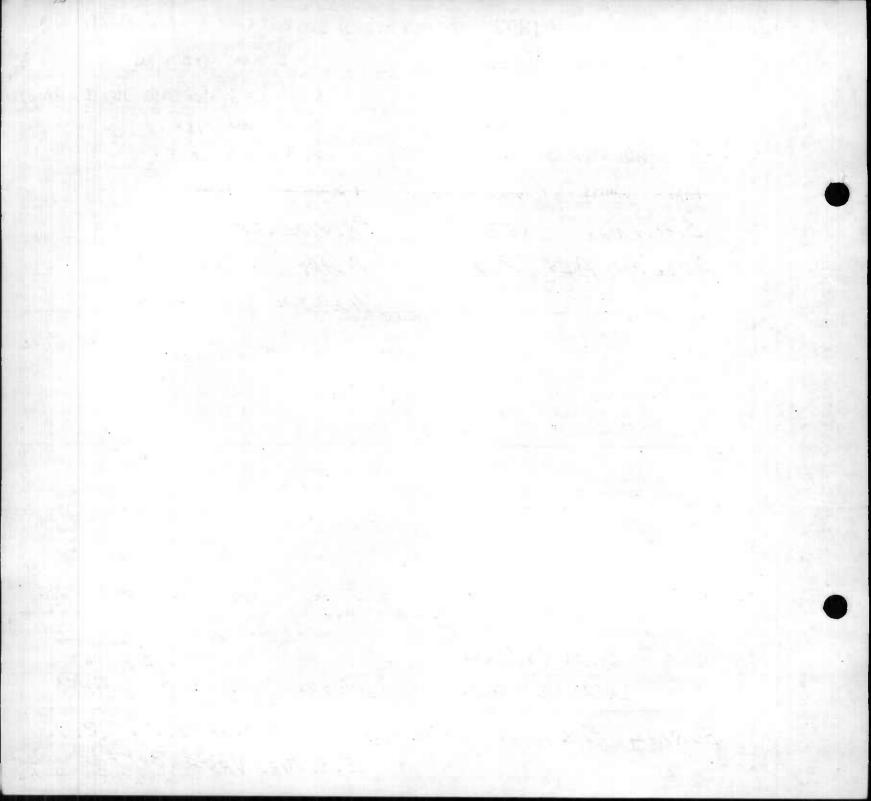
Registered	No.	CC	11	30
-		1 1 1 7	1	1000

	но. 66 01396	CERTIFICA	TE OF DEATH Registered No.	66 01396
1. N	case NO. AME OF DECEASED or Print) Howard E. Gree	enbeck	2. DATE AND HOUR OF DEATH Feb. 4, 1966	3:40 P.
3. P	ACE OF DEATH IN BALTIMORE, MAI		4. USUAL RESIDENCE (Where deceased lived, If in	mstitution: residence before odmission)
H	OSPITAL OR oddress or locotion		C. CITY OR TOWN (If outside city limits, write	RURAL ond give town(hp)
41	Union Memo	rial Hospital	D. STREET ADDRESS (If rurol, give location) 2036 Ellsworth Stre	et
5. SI	ale White	7. MARRIED, NEVER MARRIED WIDOWED, DIYORCED (specify)	Aug. 8, 1906 9, AGE (In years lost birthdox)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done	USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Plumber	John Ruth & Co.	Balto. Md.	12. CITIZEN OF WHAT COUNTRY?
13. F	John E. Greenbeck		14. MOTHER'S MAIDEN NAME Hilda Blum	
(Yes	Vos Deceosed Ever in U. S. Armed Forno or unknown) (If yes, give wor or dote	ces? S of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Anne Amelia Greenbeck-203	86 Ellsworth St.
	DISEASE OR CONDITION DIR		of DEATH	INTERVAL BETWEEN ONSET AND DEATH Day
	(This daes not meen the made af heart failure, asthenia, etc. It means injury ar camplication which caused	the diseose,	and The back	(1 Day
	ANTECEDENT CAUSES	DULIO	V D V LEEV 7 TOVI DUNOS!	7
	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.		terrosclerosis	
TION	OTHER SIGNIFICANT CONDITIONS COORDINATE DEATH BUT NOT RELA	TED TO THE		
ERTIFICA	19A. DATE OF OPERATION 19B. CON WAS PERI	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	in or obout 21 C. WHERE DID (II in Boltimo office bldg., INJURY OCCUR?	re City, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E. INJURY OCCURRED While At Not White At Work Not Work		
	22. I certify that (I) (ship haspital that (I) (was) lost sow the decease	9 7	2 19 6 to 2	inion death occurred on the date
		ted above. (I) (We) (did) (dld nat)	view the body after death.	
	23A SIGNATURE		ttending Med. Stoff hys. Director Phys	23B, DATE SIGNED
	23C. PHYSICIAN'S NAME dype! Eugen	H- Owens-M.D	1735 E. Fea	leval st
244	BURIAL CREMATION, 245 DATE	1/1 01	0 0 11:	City, town, or county) (Stote)
25A	Burial 2-7-66 DATE REC'D BY HEALTH DEPT. FEB 9 1966	25B. NAMOOF REGISTRAN	25c. FUNERAL DIRECTOR John C. Miller Inc-6415	Belair Ra.
VS	150-REV. 1/1/65		10000	



	death occurre t or contribut Undeterminec as in regular e deceased p
MPORTANT	Also, if the direct of any kind; (4) sunced death wattendance on the sed or final dispersions.
FUNERAL DIRECTOR: IMPORTANT	idical examiner. Aurns; (3) A fracture ysician who promoves in regular opmains are embaln
FUNERA	ed by the chief m lospital by a me ature; (2) Body by pt where the ph (6) No physician ned before the re
	This certificate must be approved by the chief medical examiner or his assistant if death occurre the body was released to the hospital by a medical examiner. Also, if the direct or contribut shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased p written approval must be obtained before the remains are embalmed or final disposition is made
	This certhe bod shows: was D.(

	BALTIMORE CITY HEALTH DEPARTMENT	1007
	TH NO. 66 01397 CERTIFICATE OF DEATH Registered No.	6 (11397
1. N	AME OF DECEASED 2. DATE AND HOUR OF DEATH	
Ту	De at Print) ALSFELD, ALBERT. 2.7.66 12.1	5AMI
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If ins	titutian: tesidence befare admis
	(ATOM DOG MUDS)	NG HOME . BA
1	OSPITAL OR address at lacation)	
1		53-00
1	_UTHERAN HOSPITAL OF MARYLAND D. STREET ADDRESS (If IUIO), give location)	
-	130 - ASHBURTON STREET, BALTIMORE 329. HARLEM LANE	
	EX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yı. If Under 24 Months Doys Hours M
	MALE WHITE WIDOWED (Specify) 4.2.90. lost birthdoy) 76 48.	Months Doys Hours
	.USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at fareign country)	12. CITIZEN OF WHAT COUNTRY?
don	oduring most of working lile, even if retired) SHOW MAIN RET. PROVIDENCE Rol.	USA
13	SHOW MAN RET. TROVIDENCE Rol.	034
1 (3)	A - A - A - A - A - A - A - A - A - A -	
	4DOLPH HLSFELD /VIARP DOBAR	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT 17. INFORMANT SECURITY NO.	ADDRESS
	HAGO, THE REEDE	05
	18. 4 9 3 1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH menuna. Heart Failure	2-2-65/2-7
	heart failure, osthenia, etc. It means the disease, injury or camplication which coused death.)	
	ANTECEDENT CAUSES (B) DUE TO	
	DISEASES OR CONDITIONS, il ony, giving	
	rise to the obave cause (A) sloting the (C)	
	UNDERLYING CONDITION Iosi.	
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	10.9
		NDINGS CONSIDERED SES OF DEATH?
ERTIFIC	WAS PERFORMED IN CERTIFYING CAU	SES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID or CONTRIBUTING CAUSE OF home, form, foctory, street, affice bidg., INJURY OCCUR?	City, give exact location)
AL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, affice bidg., INJURY OCCUR?	
DIC	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
MEDI	OF INJURY While At Not While	
	Wark At Work	
	22. 1 certify that (1) (this hospital) attended the deceased from 2.2-66 1966 to 2-	- 7 - 196
	that (1) (we) lost sow the deceased alive an	ion death occurred on th
	and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.	
	23A. SIGNATURE	23 B. DATE SIGNED
	Javiga Mehmood M.D. Attending Med. Director Staff Phys.	2-4-66
	22C PHYSICIANS	C 111000 1.10
	23C. PHYSICIAN'S NAME (Type) LAVIZA MEHMOOD. 23D. ADDRESS LUTHERAN HOSPITAL O	- WHICTTHOO
2	DALTIMORE	, MD.
24,	A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City REMOVAL (Specify)	, tawn, ar caunty) (Si
1	BURIAL FEB 10,66 OAKLAND . CRANSTOI	1 K.1.
25	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	301 FOTO
	EB 9 1966 Q Q & E & Farmer E. S. MACNABB	JUI FILE DEN
VS	150-REV. 1/1/65	1228



VS 151-REV. 1/1/65

.66 01398

	1.1	1		
5	10	1		
1	1		1	

BIRTH	I NO.	MED	ICAL EX	CAMINER'S CI	ERTIFICATE	OF DE	ATH Registe	red No	11338
	CASE NO.								
1. No	AME OF DEC		T (TI T CII		2.		HOUR PRONOUNC		
		STEVE SABO					uary 6, 19		10:15 A M.
		IMORE, MARYLAND, W			A. STATE	ce(Where dec ryland	eosed lived. If inst B. COU	itution: resi	dence before admission)
HOSE	NAME OF	ADDRESS OR LOC.	ATION)	JTION, GIVE STREET	C. CITY OR TOWN	(If outside c	orporote limits, write	RURAL	nd give township)
	TUTION					timore	1	2-1	55
F	ound: G	arage rear o	f 1815 S	t. Paul St.	D. STREET ADDRESS	St. Pa			
5. SE	(6. RACE		NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRTH		9. AGE (In years lost birthdoy)	If Unde Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
ma	ale	white	Marr		June 12, 1	1933	32		
done	JSUAL OCCU	JPATION (Give kind of working life, even if retired)		BUSINESS OR INDUSTRY			country)	12. CITIZ WHA	T COUNTRY?
	THER'S NAM		Gelli ver	ding Service	Pine Blus		/a.	-	J.S.A.
		Michael S	abalarria	h					
15 W	AS DECEASE	D EVER IN U.S. ARMEI		116.50 CIAL	17. INFORMANT	phine		ADDRES	
		of yes, give wor or dot		SECURITY NO.	ALC: NO.				
	Yes	4 Aug 53 -	19 May	55 235-50-60	43 Nanct	Sabolov	vich 182	8 St.	Paul Street
- 11	3. JE S	7910		CAUSE	OF DEATH				INTERVAL BETWEEN
	DISEAS	SE OR CONDITION D	RECTLY					- 101	ONSET AND DEATH
		LEADING TO DEATH	Н	Asphyxi	.a	********	• • • • • • • • • • • • • • • • • • • •		~~~~~~~~~~~
	heort foilure,	not mean the mode of osthenio, etc. It mean mplication which caused	s the disease,	Carbon	onoxide po:	iconina			
z	DISEASES RISE TO TH	OR CONDITIONS, IF A BOVE CAUSE (A) S NG CONDITION LAST.	ANY, GIVING	(B) DUE TO					
은-		11							
CERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO T						***************************************
CERT		OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? ()		CERTIFYING CAU		
O Ū	NDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, o			n Boltimore City, gi		
Σ	ID TIME	(Month) (Doy) (Yes	or) (Hour) 2	TE. INJURY OCCURRED	21F. HOW	DID INJURY	OCCUR?		
-	APPROX.) & E	etween 8:30 I 3:00 AM 2-6-6	PM 2-5-6	HILE AT NOT	wHILE X inha	aled car	exhaust	fumes	
2	1 cert	tify that I held an	Inquiry 🗌	Inspection 🔀 Aut			oasis, death in m		n
	resul	ted from: Notural co	uses A	coldent Solcide	Homicide	Und	letermined monne	er XX	
	ACTUAL		ment	in and	CHIEF MED				DATE SIGNED
	SIGNAT		,	M.D.	ASSOCIATE MED				2-6-66
23A.	NAME (necker, M.D.		23D. LOC		town or	
	OVAL (Specify		23	STANIE OF CENTRIERY O	CKENTATORI	230. 100	Allow (City,	town, or	(31016)
24A.	Burial DATE REC'D	Feb.9		Baltimore, N	ational		altimore	-	Maryland
	TER Q	1088 (20		Jon All		r - Proole	TESTICITY.	217 0	

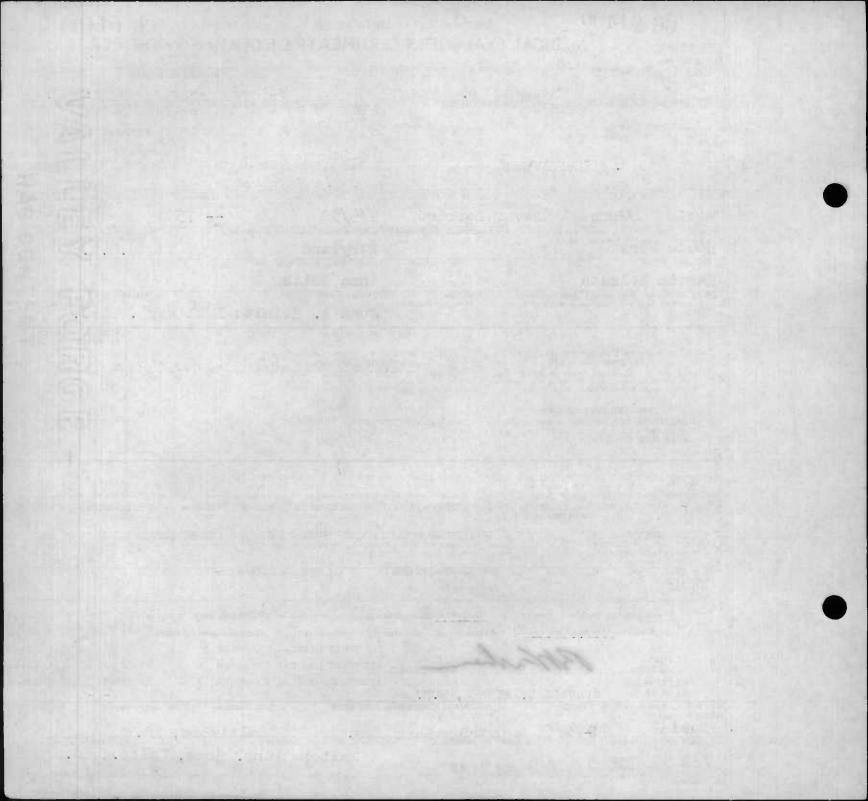
Both on with the .angle outs - con.

BIRTH NO.		EDICAL EX	CAMINER'S CE	ERTIFICA	TE OF	DEATH Registe	ered No.).)
1. NAME OF D					2. DATE AN	D HOUR PRONOUNC	ED DEAD	
(Type or Print)	SAMUE	L BENNETT			Febru	arv 6, 1966	5:25	A
3. PLACE IN BA	LTIMORE, MARYLAN	D, WHERE PRONOL	JNCED DEAD	A. STATE		R COL	titution: residence before JNTY	odmi s sian)
FUER T HOSPITAL R INSTITUTION	IFLGAT	To All M	ENDED	C. CITY OR TO	Maryland DWN (IF outsid Baltimor	le carparate limits, write	e RURAL and give town	ship)
1	uis Hotel	700 Baltim	ore St.	D. STREET AD			Louis Hotel	
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIE	TH	9. AGE (In years	If Under 1 Yr. If Un	
male	white	Din	DIVORCED(specify)	april	7,190	1 Cost birthdoyl	Manths Days Hau	s Min.
	CUPATION (Give kind of warking life, even if re		BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State ar forei	gn country)	12. CITIZEN OF WHAT COUNTRY	7
mill		1 / way	cont Co.	2/4	sinia		71.5.A	
13. FATHER'S NA				14. MOTHER'S	MAIDEN NAM	E	4.011	
1 21:	1: 2/	B. T	1	R	a ac	<i>†</i> :		
	SED EVER IN U.S. A		16. SO CIAL				ADDRESS	
	vn) (If yes, give war a		SECURITY NO.	Sn. 1		J. Labhart	112 Verlow	- au
ne				Myss. JI	lances	J. Lauhnet	Colonial It	retter.
18.	1.0	1000	CAUSE	OF DEATH			INTERVAL	BETWEEN
Dice	ASE OR CONDITIO	N DIRECTIV					ONSET AN	D DEATH
Disc	LEADING TO D		Brone	chopneum	onia			
(This doe:	s not meon the mo	de of dying, e.g.,	DUE TO	fatty 1				
injury or	camplication which ca	used death.)		Tacty 1	rver		The second	
	ANTECENDENT C	Allere						
DISEASE	S OR CONDITIONS		(B)					
RISE TO	THE ABOVE CAUSE	(A) STATING THE	DOE 10					
	ring CONDITION I	.A\$1.	(C)					
0	li li							
OTHER SI	GNIFICANT CONDIT	IONS CONTRIBUTI	NG					
H TO THE	OR CONDITION CA		HE					
	OF OPERATION 198		WHICH OPERATION	20A. AUTOP	Y? (Yes at Na)	20B. IF YES. WERE FI	NDINGS CONSIDERED	
0		S PERFORMED				IN CERTIFYING CAU		
- OLA EVYEDA	IAL CAUSE WAS	loan	PLACE OF INJURY (e.g.,	yes-Pa	rtial	yes yes	1.1	
O UNDERLYING	GOR CONTRIB-	hame	, fam, factory, street, o	ffice bldg., INJU	RY OCCUR?	ur in politimare City, g	ive exact location/	
D UTING LCA	AUSE OF DEATH.	etc.)						
Z 21D TIME	(Manth) (Day)	(Year) (Hour) 2	TE. INJURY OCCURRED	21 F. I	LOW DID INJ	URY OCCUR?		
OF INJURY		,	WHILE AT NOT	WHILE D				
22.		m. \		artial				
	ertify that I held o	n Inquiry			nd that an th	is bosis, death in r	my opinion	
res	ulted from: Natur	oncouses X	Accident Suicide	Homi	cide	Undetermined monn	er	
	/	11- 4	7 (/		MEDICAL EX		DATES	IGNED
ACTU	TURE	VXICU	1 way	ASSISTANT	MEDICAL E	XAMINER 🖈		.01123
	INER'S	1	171.00	ASSOCIATE		person	2-6-66	
	(Type) Rudi	ger Breite	necker, M.D.					1
23A. BURIAL C	REMATION, 23B. DA		C. NAME of CEMETERY O	CREMATORY	23 D. L	OCATION (City	, town, or county)	(State)
REMOVAL (Spe	city 1 2/	~//	c 111 1	1	1		V	
Kemer	e ca	8/66	Southland	Cemeter	y Pr	ince Geor	ge Val	
24A. DATE REC	D BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNE	RAL DIRECTO		ADDRESS	
FEB	9 1966 (*)	1 4 - 6	7 7 0 0	- 17	1 1 1	B 1 721	54. Paul 54.	411
				IIWM.	COO /1-11	Traalts Luc	paltimore!	NO 1

VS 151-REV. 1/1/65

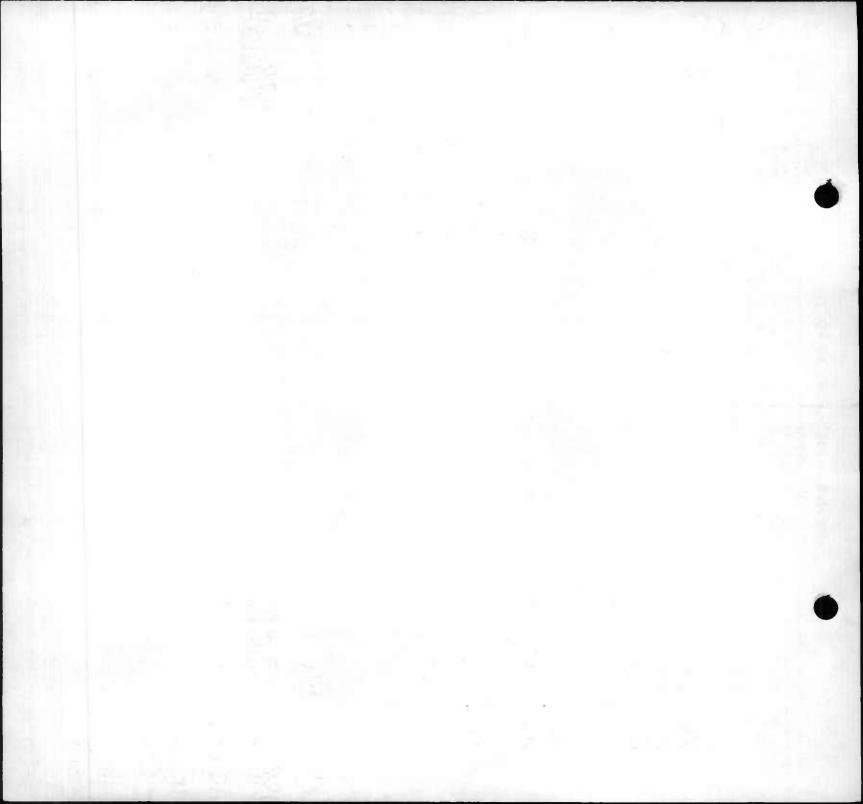
LASKEY

BALTIMORE CITY HEA	(10)
BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
CATHERINE D. HELMUTH 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	2-6-66 2:30 P.M
	A. STATE B. COUNTY Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore 19-84
45 S. FULTON AVENUE	D. STREET ADDRESS (If rurol, give location)
	45 S. Fulton Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hr Months Doys Hours Min.
Female White Never Married	9/5/90
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	IY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) HOUSE WORK	Maryland U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Martin Helmuth	Anna Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no orunknown, (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No	John A. Helmuth 1221 Wash. Blvd.
18. CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not meen the mode of dying, e.g., DIF TO	riosclerotic cardiovascular disease
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.	
Mary of Compression William Cooking	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST, Z	
OTHER SIGNIFICANT CONDITIONS CONTRIBITING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OF CONDITION CALISING IT	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	No
■ 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- 21B, PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	Will the restaurant to the same of the
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT	WHILE WORK
22.	
	stapsy and that an this basis, death in my opinion
resulted fram: Natural causes X Accident Suicio	
ACTUAL BAYE Alex	CHIEF MEDICAL EXAMINER X
SIGNATURE M.C	. ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) RUSSELL S. FISHER, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
Burial 2/9/66 Loudon Park 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	Cem. Baltimore, Md.
	24C. FUNERAL DIRECTOR ADDRESS
FEB 9 1966 Q. P. B. E. Follows	Walters Funr. Home, Balto., Md.
VS 151-REV. 1/1/65	M - 3 9 9

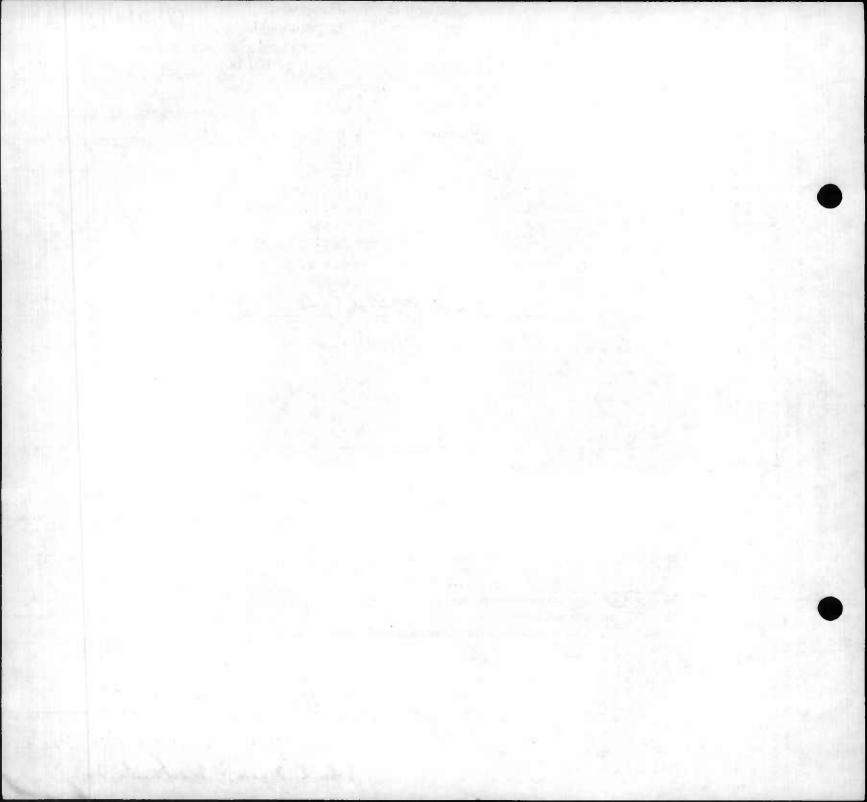


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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	Y HEALTH DEPARTMENT
	ATE OF DEATH Registered No. (1141)
1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE MARYLAND	Feb 6 1966 2 49 Am.
or react of begin in scenificate manifester	A. STATE B. COUNTY
FULL NAME OF (If not in haspital ar institution, give street HOSPITAL OR INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
Illia mosida Hospital	Westminster 56
University Hospital	D. STREET ADDRESS (If rurol, give location) Rt 6 Box 790
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 9 Months; Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	
Jales DEPT. 8 TORE	Maryland W.S.A
William Earl Blake	Grace Frances Thombson
15. Was Deceased Ever in U. S. Armed Faices? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, na ar unknown) (If yes, give war or dates of service) SECURITY NO. 215-14-656	nosp records (husband 5/a)
DISEASE OR CONDITION DIRECTLY	DF DEATH INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	nyocardial interction 3 hrs
healt failure, asthenia, etc. It means the disease,	terioselerotic CVD 10 yrs
ANTECEDENT CAUSES (B) (J)	RETIOSCIETOTIC CVD
DISEASES OR CONDITIONS, if ony, giving rise to the abave cause (A) stating the (C)	
Z II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or contributing CAUSE OF home, form, foctory, street, etc.)	in ar about 17.C. WHERE DID (If in Baltimare City, give exact lacation) office bldgs, NJURY OCCUR?
	21F, HOW DID INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Haur) 21E INJURY OCCURRED While At Not Work At Work	ile
22. I certify that (+) (this hospital) attended the deceased from	1/25/ 1966 10 2/6 1966.
that (4) (we) last saw the deceased alive on 2/6	19 66 and that in (my) (our) opinian death occurred on the date
and hauf and fram the couses stated above. (#) (We) (did) (#td not)	
23A. SIGNATURE	23B. DATE SIGNED
Gusan of Souard, Me, Ph	Itending Med. Staff Phys. 2 16/66
Susan L. Howard, MD M.D	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City, town, or county) (State)
25A. DATE REC'D BY HEALTH GEPT. 25B. NAME OF REGISTRAR	2 milley Tingestury mo
FEB 9 1966 Perfe E. Johnson	J. 2. myers p. hest mineter ml
VS 150-REV. 1/1/65	



	BALTIMORE CI	TY HEALTH DEPARTMENT	01400
	CERTIFICAL CASE NO. 66 01402 CERTIFICAL	ATE OF DEATH Registered No.	0.1400
1.N (Typ	AME OF DECEASED Walter Holmes	2. Date and Hour of Death 215166	505 P
F	FULL NAME OF (If not in hospital or institution, give street oddress or location)	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY C. CITY OR TOWN (If outside city limits, write RU	Carroll
	Maryland General Hospital	D. STREET ADDRESS (Il rusol, give locopion) 120 Liberty St.	56-27
	Male Caucasim 7. Married, Never Married (specify)	11/11/04 61	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.
one	Superintendent Give kind of work 10B. KIND OF BUSINESS OR INDUST Construction	Mq.	12. CITIZEN OF WHAT COUNTRY?
	Jacob Holmes	Minnie Foutz	
Yes	Was Deceased Ever in U. S. Armed Forces? In no of unknown) (If yes, give wor or dates of service) A ANN U 2/2-0-807	2 R. Stone Md. 6	cneral Hospital
	2311	otho Lamic Tymor	Manth &
	(This does not meon the made of dying, e.g., hearl failure, osthenio, elc. It meons the disease, injury or complication which coused death.)		
	ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the (C), UNDERLYING CONDITION lost.		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
CERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CAL CI	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. thome, farm, foctory, street, etc.)	office bldg., INJURY OCCUR?	City, give exact location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At Not Wark At Wo		
	22. I certify that (1) (this hospital) attended the deceased from	1/1 19 66 to 19 66 to 19 66 and that in (my) (our) apini	2 5 19 6 6
	and haur and fram the causes stated above (1) (We) (did) (dld nat)) view the body after death.	23B. DATE SIGNER 66
	Mobility Efforce, M.D. A. P. M.D.	23D. ADDRESS	Haspital
1	Surial CREMATION, 24B. DATE 24C. NAME of CEMETERY of C Secretary 2/9/66 Deer Parlen	CREMATORY 24D. LOCATION (City rett Cameling Amallura	(State) (State) (State)
	TEB 9 1966 (2 Pm & E Constant)	John E. Myern & West	ADDRESS



	+631						
	of death of death Deceased e on the 1th. Such	M.E	CASSORT.	ALMA.			
	hosp ise (5) and dec	3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAN	ID			
		1	CULL NAME OF (If not in hospitol or ins HOSPITAL OR address ar location) NSTITUTION	titution, give str			
ed in a ting cau d cause; r attend prior to	10	ST. AGNES HOSP	ITAL				
	death occurred to contribute the contribute of the contribute as in regular endecased presistion is made.	5. S	EX 6. RACE 7. M	ARRIED, NEVER			
	occu ontri ermi regu sase is m		USUAL OCCUPATION (Give kind of work 10 B. I	DOWED DIVE			
	or contributed to the contribute		during most of working life, even if retired) HOUSEWIFE				
	# 9€ ¥ ± q	13.	FATHER'S NAME	, , , , , , , , , , , , , , , , , , ,			
E			HARRY JOHNSON Henry	Johns			
A 0	(Y a:	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of s	1 6. SO				
Ö	is assany any ced ndar		18.239 VI				
M	so to		DISEASE OR CONDITION DIRECTL LEADING TO DEATH	Υ			
			(This does not mean the made of dying, e.g., heart foilure, osthenio, etc. It means the disease,				
OR	d examiner. (3) A fractuin who proin regular is are emba		ANTECEDENT CAUSES				
5	xam kami A fr who reg		DISEASES OR CONDITIONS, if ony,	giving			
IRE	alexalexal exa (3) A an w in r		rise to the above cause (A) statis	ng Ihe			
FUNERAL DIRECTOR:	roved by the chief medical examiner. he hospital by a medical examiner. by nature; (2) Body burns; (3) A fractuxcept where the physician who propriate (6) No physician was in regular btained before the remains are emba	ATION	OTHER SIGNIFICANT CONDITIONS CONTS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
NE	chiefy a r y a r Body the the	CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM				
FU	red by the chie hospital by a nature; (2) Bod spt where the I (6) No physicined before the	EDICAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE home, form etc.)			
	roved by the he hospital by nature; (2) xcept where that (6) No photoined before	MEDI	21D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.)	While At Work			
	pproprior the any lexco		22. I certify that (I) (this hospital) atta	ended the dec			
	of a		that (I) (we) lost sow the deceased oli				
	leased to cident of hospital o death)		ond hour ond from the couses stoted of 23A. SIGNATURE	bove. (I) (We)			
	This certificate must be app the body was released to the shows: (1) An accident of an was D.O.A. at a hospital (e deceased prior to death); of written approval must be of		Benjamin (· Greg			
	y was re y was re (1) An acc).A. at a od prior t		23C. PHYSICIAN'S NAME (Type)	0			
	was r was r A. at a prior	244	BENJAMIM C GUZMA				
	certification of the control of the	24.4	REMOVAL (Specily)	24C, NAME of			
	This certif the body shows: (1) was D.O./ weitten a	254	Burial 2/9/66 L DATE REC'D BY HEALTH DEPT. 258.	Balto			
	This the k show was dece		FEB 9 1966 Q.P. 5 &	Same?			

			BALTIMORE CITY	HEALTH DEPA	RTMENT		
BIRTH NO.	(V) (11 A)	02	CERTIFICA	TE OF D	EATH	Registered No.	00.01403
M.E. CASE NO.	CEASED	00			2. DATE AN	ID HOUR OF DEATH	66 UT4U5
(Type or Print)	CASSOR	T AI	LMA. O.		2-6-		2:15 A M.
3. PLACE OF DE	ATH IN BALTIMORE MA		LITA, U.	4. USUAL RESI	DENCE (When	re deceased lived. Il i	institution: residence before admission)
				A. STATE	B. COUN	ITY	n phone
FULL NAME (OF (If not in hospital address ar location	or institution	n, give street	C. CITY OR TO		and the late of th	Bakker
INSTITUTION					_	PIKESVILL	RURAL and give township)
(1) S	T. AGNES HO	SPITA	AL	BALT IM	OLI P	rurol, give location)	3000
(903 TE	MPLE C		
5. SEX	6. RACE	7. MARRIE	D. NEVER MARRIED	B. DATE OF BIR		9. AGE (In years	
		WIDOW	VED, DIVORCED (specify)	3-4-05		lost birthdoyl	Months Doys Hours Min.
FEMALE	WHITE		OWED OF BUSINESS OR INDUSTRY			60	122 6(777) 05
done during most of	working life, even if retired)	IOB. KIND	OL BOSINESS OK INDOSIKI			ign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE	WIFE			MARY	LAND		U.S.A.
13. FATHER'S NA	ME			14. MOTHER'S	MAIDEN NA	ME	
HARRA	HOUNTSON HO	nry J	Tohnson	-NORMA-	10000000000000000000000000000000000000	E Laura	M. Lytle.
15. Wos Deceases	d Ever in U. S. Armed Fore	ces?	1 6. SOCIAL	17. INFORMANT			ADDRESS
	n) (If yes, give wor or date	s of service		ST. AGNE	S HOSE	TON AVE.	ORDS
UNKNOWN	V		218 10 2687		& CA	TON AVE.	
18.23	9 X I		CAUSE O	F DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIR LEADING TO DEATH	ECTLY		M		0 1	
(This does	nol mean the made of	dvina e	q., QUE TO	reare	refu	ual fu	mor
heart foilure,	osthenio, etc. It means	the diseas	se,				
injury at car	mplication which coused	deolh,)	in he	with ,	Unen	ma	
	ANTECEDENT CAUSES		DUE TO				
	OR CONDITIONS, if						
	G CONDITION lost.	Stating II	ne (C)				
	- 11			-			
O OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUT	ING				
OTHER SIGN TO THE D DISEASE OR	DEATH BUT NOT RELA	TED TO	THE				
U 19A. DATE O	F OPERATION 198. CON		R WHICH OPERATION	20A. AUTOPS	Y? (Yes or No	208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
D 19A. DATE O				N	10	IN CERTIFIED CA	AUSES OF DEATH!
U 21 A. ACCIDE	ENT WAS UNDERLYING UTING CAUSE OF	2	PIB. PLACE OF INJURY (e.g., in ome, form, foctory, street, of	n or obout 21 C. W	HERE DID	(II in Baltimo	ore City, give exact location)
▼ DEATH (notif	y medical examiner)		etc.)	mee blags, 1143 G K	OCCOR.		
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 2	IE INJURY OCCURRED	21 F. H	OW DID INJ	URY OCCUR?	
OF INJURY			While At Not Whil				
(APPROX)		\	Work At Work				
22. I certify	y that (1) (this hospital) ottended	the deceased from	0 0	•	19 66 10	2-6- 66
that (I) (we) lost sow the decease	d olive or	2-6-66	19 66)and th	at in(my) (our) op	pinion deoth occurred on the dote
and hour on	— nd from the couses stat	ed obove.	(I) (We) (did) (did not) v	lew the body o	fter deoth.		
23A. SIGNAT	URE	0 /					23B, DATE SIGNED
Be	njamin	(, 4	Dryman M.D. Atte	ending A	Aed.	Stoff D	2-6-66
23C. PHYSICI	AN'S			23D. ADDRESS	CT A	CNECHOCOL	
NAME (Type)		M.D.	0.17011	51. A	GNESHOSPI	
BE		ZMAN		CATON	& WIL	KENS AVES	
24A. BURIAL CRI	(Specily)	24C.	NAME of CEMETERY OF CR	MATORY	24D. L	OCATION (C	City, town, or county) (State)
Buria	1 2/9/66	E	Balto Nationa	1	Fre	derick Ro	. Md
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAM	E OF REGISTRAR		AL DIRECTOR		ADDRESS
FEB 9	1966 (2.0. 5	8.4	taller MA	14.1	J	E. Am.	7110
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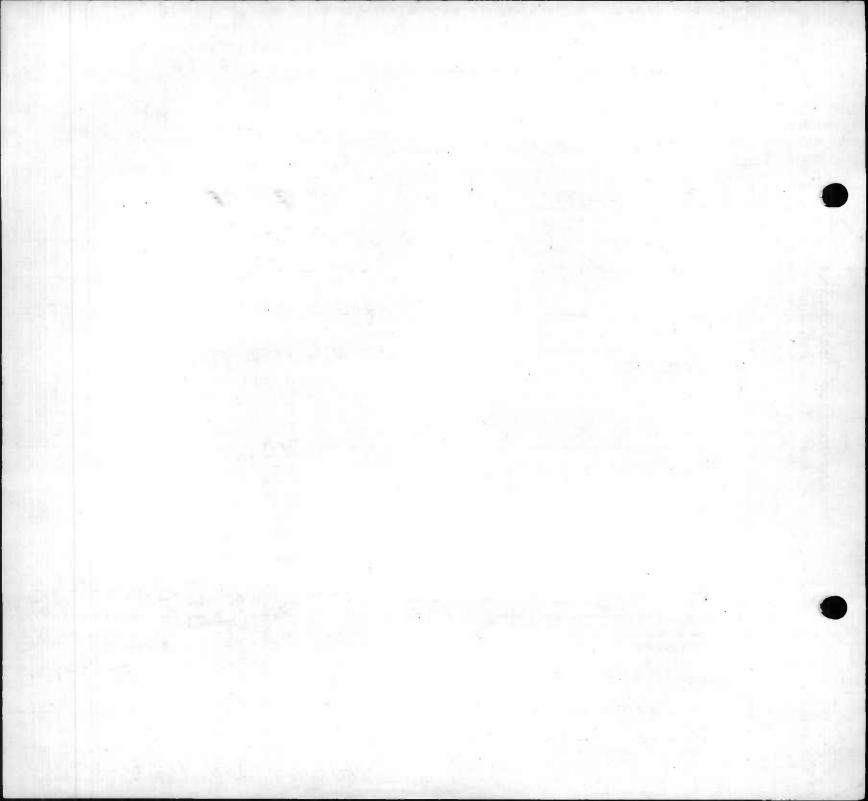
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the
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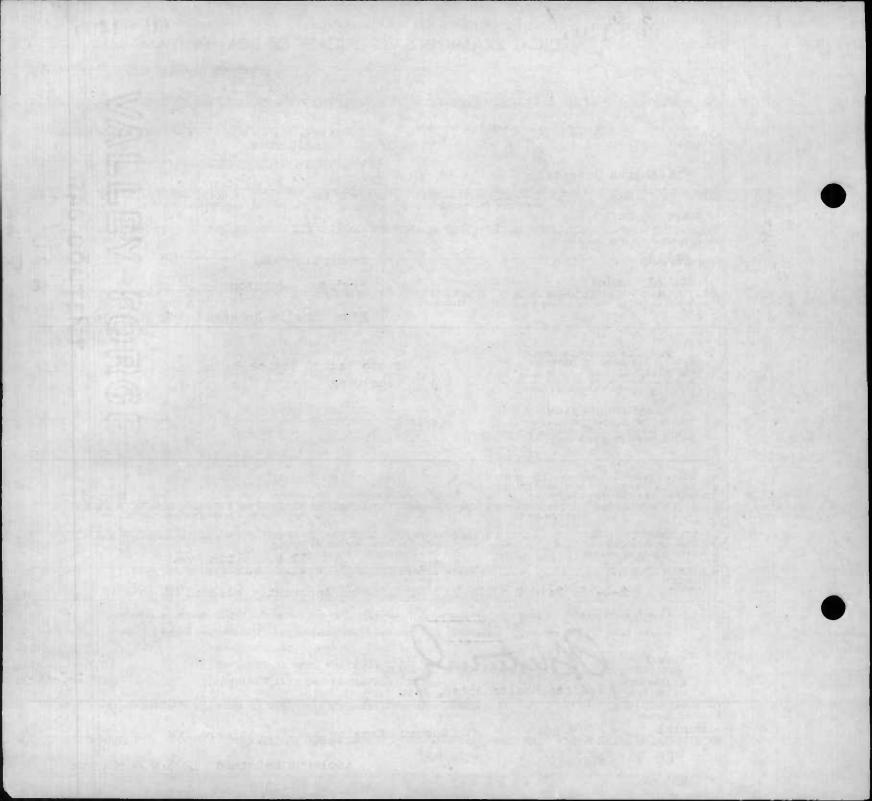
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. 66 01404 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 3. PLACE OF DEATH IN BALTIMORE, MARYLAND death. deceased lived. It institution: residence B. COUNTY C. CITY OR TOWN III outside city limits, write FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or lacation) 10 HOSP OF MARGCAND STREET ADDRESS LYTHERAN 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months! Days If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours last birthda MARRIED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTH 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) 13. FATHER'S NAME CHARLOTTE 15. Was Deceased Ever in U. S. Armed Farces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no as unknown) (If yes, give war or dates of service) SECURITY NO. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury ar camplication which caused death.) ACCIDENT ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes at No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFI 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in at about 21 C. WHERE DID home, farm, lactary, street, alfice bldg., INJURY OCCUR? (If in Baltimare City, give exact location) DEATH (notily medical examine) etc.) MEDI 21 D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At F (APPROX.) Wark At Work 22. I certify that (I) (this baspital) attended the deceased fram 66 that (1) (we) lost saw the deceased alive an....ond that in(my) (our) opinian death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 238. DATE SIGNED O Attending Med. 0 Phys. Director _ pproval 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS deceased written ap 24A. BURIAL CREMATION. REMOVAL (Specify) 258 NAME OF REGISTRAR

VS 150-REV, 1/1/65



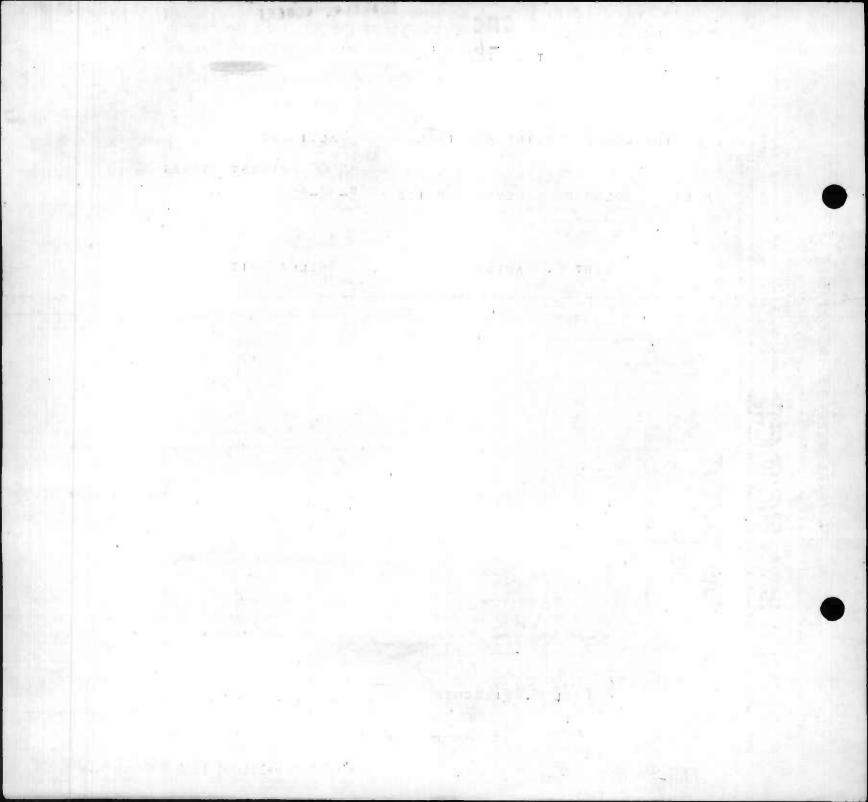
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BAI	. HMUKE	CILY	HEALIH	UETA	RTMENT

	63	8-03957	BALT	TIMORE CITY HEA	LTH DEPARTMEN	NT	6	6 01405
BIR	TH NO.	MED	ICAL EXA	MINER'S C	ERTIFICA	TE OF DEA	TH Register	ed No.
M.	E CASE NO.							
1. (Ty	Pe or Print	CEASED				2. DATE AND HOL	R PRONOUNCE	DEAD
		ANTHONY S		ED DEAD	4. USUAL RESID	February DENCE (Where deceos	ed lived. If institu	ution: residence before odmission)
En	II NAME OF	UE NOT IN HOSBIT	AL OR INISTITUTION	N CIVE CTREET		laryland	B. COUN	
HC	STITUTION	ADDRESS OR LOCA	ATION)	N, GIVE SIREEI		wn (If outside corpo altimore	rote limits, write	RURAL ond give township)
#1	Lutl	heran Hospita	1		D. STREET ADD	922 N. Fult		50/
5. 3	SEX	6. RACE	7. MARRIED, NEV		8. DATE OF BIRT	H 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	male	negro	WIDOWED, DIVO		2/18		t birthdoyl 2	Months Doys Hours Min.
		UPATION (Give kind of wor warking life, even if retired)	k 108. KIND OF BU				try)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERSINAL	A E			14. MOTHER'S M	AAIDEN NAME		
	Samuel	Hayes			Sheila	Tahmaan		
	WAS DECEASE	D EVER IN U.S. ARMED		SOCIAL	17. INFORMANT	Johnson		ADDRESS
(Te	s, no or unknown) (If yes, give wor or dote	es of service)	SECURITY NO.	Miss S	Sheila John	son 922	N Fulton
	18.	170		CAUS	E OF DEATH	Merra gom	3011 722	INTERVAL BETWEEN
	DISEA	SE OR CONDITION DI	DECTI V					ONSET AND DEATH
		LEADING TO DEATH	1	(A) Sev	vere secon	d degree bu	ırns	30 0
	(This does in heart failure,	not meon the mode of , osthenio, etc. It meons mplication which coused	dying, e.g., the disease,	DILE TO	scalding			***************************************
	Injury of co	mplication which coused	deotn./					
		OR CONDITIONS, IF A		(8) DUE TO				
	RISE TO TH	E ASOVE CAUSE (A) S NG CONDITION LAST.	TATING THE	DUE 10				
Z		TO CONDITION LAST.		(C)				
		II						
ERTIFICATION	TO THE DISEASE O	NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO THE	•••••				
CERT	19A. DATE OF	OPERATION 198, CON		CH OPERATION	20A. AUTOPS	Y? (Yes or No) 208, IF	YES, WERE FINI RTIFYING CAUSE	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	UNDERLYING	CAUSE WAS	21 B. PLA home, fo	CE OF INJURY (e.g.,	office bldg., INJUR	WHERE DID (If in Bo	ollimore City, give	exoct locotion)
E G		SE OF DEATH.	etc.)	home		922 N. Fult		16-04
Σ	21D TIME OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 21E. I	INJURY OCCURRED		OW DID INJURY OC		
	(APPROX.)	2-4-66 2:	10 P m. WHIL	E AT NOT	WHILE XX Ap	parently so	alded hir	mself while bathi
	22.	tify that I held on I	nguiry In	spection X Au	utopsy an	d that on this bos	is, death in my	opinian
	resul	ted from: Natural ca		dent X Sulci			rmined manner	
		(In 1	1			EDICAL EXAMIN		
	ACTUAL		Willen	ung		EDICAL EXAMIN		DATE SIGNED
	SIGNAT	IFP'S		5		MEDICAL EXAMIN		2-5-66-
	NAME (Type) / Rudiger	Breitened		A 5-4			
	A. BURIAL CRE		23C. N	AME of CEMETERY	or CREMATORY	23D. LOCATIO	ON (City, 1	town, or county) (State)
	Burial	2/9/60	6 M	t Auburn	Cemetry	Baltir	nore Md	
24	er er er	BY HEALTH DEPT.	248, NAME OF	REGISTRAR	24C. FUNER	AL DIRECTOR	nore mu	ADDRESS
	FEB		1.5 E. 40	EnthropMills	Adol	hus Halste	ad 1206	N North Ave
VS	151-REV. 1/1/	65 N948	1.21	0 0 4	6 1 4	0 1	Mary Carl	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

	66 01406	BALTIMOR	E CITY A RAIL OF PARTNERS T	66 01406
BIRTH NO.	66-38433	CHC CERTIF	ICATE OF DEATH Regi	stered No.
M.E. CASE NO. 1. NAME OF DE (Type or Print)			2. DATE AND HOUR	of DEATH ★ 2-6-66 8:30 a
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceos	ed. lived. If institution: residence before admissi
FULL NAME HOSPITAL OF INSTITUTION		or institution, give street n)	MARYLAND	limits, write RURAL and give township)
3 TH	E JOHNS HOP	KINS HOSPITAL	D. STREET ADDRESS (III rurol, give	
MALE	6. RACE COLORED	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spec	5-30-61 7	Month's Doys Hours Mir
	CUPATION (Give kind of wor of working life, even if retired)	108, KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (State or foreign country	y) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	AME		14. MOTHER'S MAIDEN NAME	
	ROBERT E.	CARTER	THELMA SMITH	
15. Was Decease (Yes, no or unknow	ed Ever in U.S. Armed Fo wn) (If yes, give wor or dote	rces? es of service) 16. SOCIAL SECURITY NO.	. Chart	ADDRESS
18.08	3.71	CA	USE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI	RECTLY	1. 7	ONSEI AND DEATH
(This does	not mean the made of	dying, e.g., DUE	10 Jumonius	one asy
heart failure	e, osthenio, etc. Il means	the disease,	M	
injury or co	omplication which coused		Yllostes	2 dons
	ANTECEDENT CAUSES	DUE	TO O	J. O.
	OR CONDITIONS, if the abave cause (A)		Laryng lis	one da
	NG CONDITION last.		- John State Committee of the Committee	
	- 11			6
O THER SIG	NIFICANT CONDITIONS (CONTRIBUTING		
DISEASE O	R CONDITION CAUSING	IT	100	
19A.DATE	OF OPERATION 198 CON	IDITION FOR WHICH OPERATION	IN CEI	YES, WERE FINDINGS CONSIDERED
SE 1995	DENT WAS UNDERLYING	21R PLACE OF INITIO	Y(e.g., in or obout 21C. WHERE DID	If in Boltimore City, give exact location)
OR CONTRI	IBUTING CAUSE OF	home, farm, factory, s'etc.)	treet, office bldg., INJURY OCCUR?	Williams Only, give exact loconom
OF INJURY	(Month) (Doy) (Year)			CUR?
(APPROX.)			lot While	
22. I certif	fy that (1)(this hospita	1) attended the deceased fran	m 6 7eb 19 66	to 6 7 x 196
	e) last saw the decease	/		() faur) apinian death accurred an the
and hour o	and from the causes sta	ted abave (I) (We) (did) (did	nat) view the bady after death.	
23A. SIGNA				23B. DATE SIGNED
11	and the	7/10 dl M	D. Attending Med. Stoff	6 7 offela
23C. PHYSIC	CIANS	meur	Phys. Director Phys.	0/2000
NAME	(Type) PAUL	H. VISSCHER		
244 6115141 5			M.D. The Johns Hopkins	
24A. BURIAL C	(Specify)	24C. NAME of CEMETERY		
Buria	-/ -/			
25A. DATE REC	'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
FEB S	1966 @ 2	5 E. Fortherm	Adolphus Halstead	1 1206 W North Ave
VS 150-REV. 1/	1/65			



Mt. Aubi

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VS 151-REV. 1/1/65

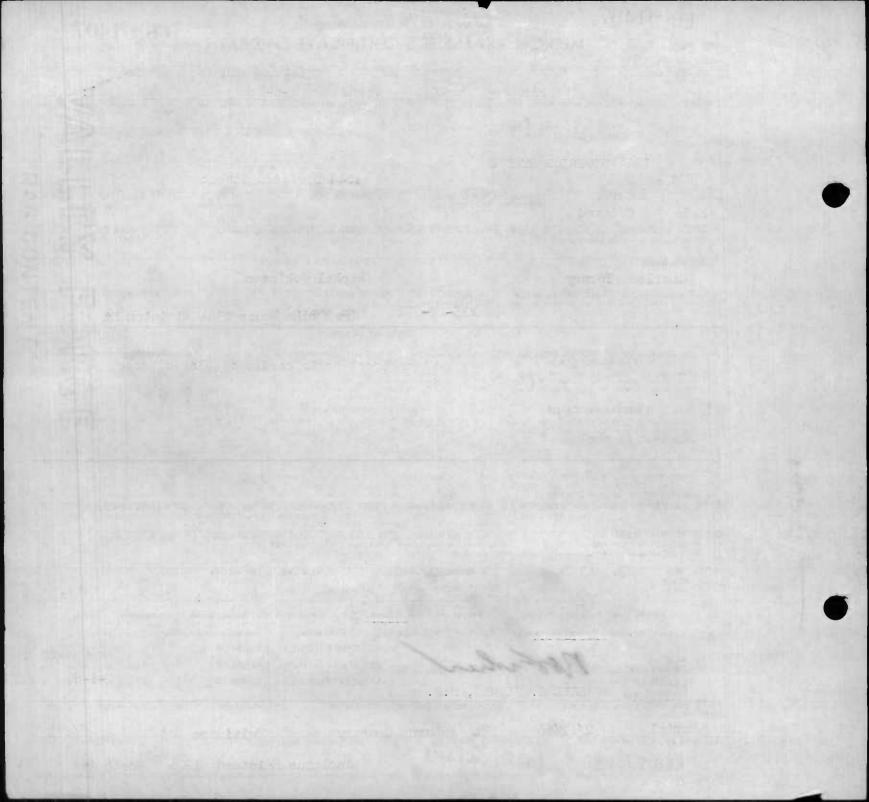
Burial

24A. DATE REC'D BY HEALTH DEPT.

Cemetry Baltimore Md

Adolphus Halstead 1206 W North Ave

ADDRESS



PHYSICIAN'S NAME (Type) Clayton L. Moravec

HEALTH DEPT.

1966

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

Burial

B VS 150-REV. 1/1/65

Such

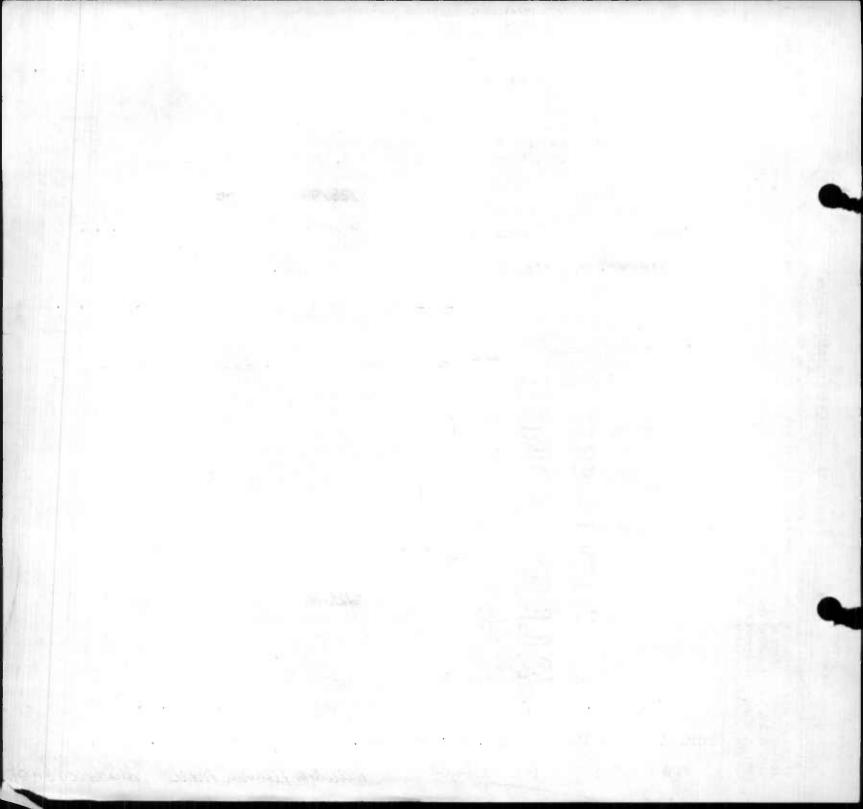
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S. PLACE OF DEATH IN BALTIMORE, MARKLAND S. PLACE OF DEATH IN BALTIMORE, MARKLAND S. PLACE OF DEATH IN BALTIMORE, MARKLAND S. COUNTY S. COUN		2 01400	O		OEKTI TO		ECEASED.	M.E. CASE NO.
FULL NAME OF HOSPITAL OR INSTITUTION BALTIMORE CITY HOSPITALS 4940 Eastern Avenue Baltimore, Maryland 21224 S. SEX	5 A. A	11:45		2. 0	N, Willie	BROCKINGTON		
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Male Negro Months Doys Hot Go		21223						/
done during most of working life, even if relized) Laborer 13. FATHERS NAME Jimmy Brockington 15. Was Deceased Ever in U. S. Amed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 247-16-5914 CAUSE OF DEATH (A) COMBITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost. (B) UNDERLYING CONDITION Sol. (C) OTHER SIGNIFICANT CONDITION Sol. (A) OTHER SIGNIFICANT CONDITION [98. CONDITION POR WHICH OPERATION POR CONDITION POR WHICH OPERATION POR CONDITION [98. CONDITION POR WHICH OPERATION POR CONDITION POR WHICH OPERATION POR CONTRIBUTING POR CONTRIBUTING POR CONTRIBUTING POR CONTRIBUTION POR CONDITION POR WHICH OPERATION POR CONTRIBUTION POR CAUSE OF DEATH? (If in Bolimore City, give exect local por contribution por Cause Por Contribution Por Cause Por Contribution Por Cause Por Ca	Jnder 24 Hrs	If Under 1 Yt. If Unde Months Doys Hours	lost birthday)	4 4	RRIED, NEVER MARRIED OWED, DIVORCED (specify) Married	7. MARR WIDO	+	
13. FATHERS NAME Jimmy Brockington 14. MOTHERS MAIDEN NAME Janie (Dec.) 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor of doles of service) 16. SOCIAL SECURITY NO. 247-16-5914 RECORDS: BCH 4940 Eastern Ave., Balto. CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. If means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION SCI. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING II. 19. A.DATE OF OPERATION WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout/2/1C, WHERE DID OR CONTRIBUTING CAUSES OF DEATH? 10. A. ACCIDENT WAS UNDERLYING OR CONDITION FOR WHICH OPERATION OR CONTRIBUTING: CAUSE OF DEATH 218. PLACE OF INJURY (e.g., in or obout/2/1C, WHERE DID OR CONTRIBUTING CAUSES OF DEATH? 10. The Death (notify medical examinae) 219. That (Month) (Doy) (Year) (Hour) 2/1E, INJURY OCCURRED 219. That (Month) (Doy) (Year) (Hour) 2/1E, INJURY OCCURRED 219. That (Month) (Doy) (Year) (Hour) 2/1E, INJURY OCCURRED 219. That (Month) (Doy) (Year) (Hour) 2/1E, INJURY OCCURRED 219. That (Month) (Doy) (Year) (Hour) 2/1E, INJURY OCCURRED 219. That (Month) (Doy) (Year) (Hour) 2/1E, INJURY OCCURRED 210. That (Month) (Doy) (Year) (Hour) 2/1E, INJURY OCCURRED 211. That (Month) (Doy) (Year) (Hour) 2/1E, INJURY OCCURRED 212. That (Month) (Doy) (Year) (Hour) 2/1E, INJURY OCCURRED 213. The Completion of	Y?	12. CITIZEN OF WHAT COUNTRY?				n il retired)	of working life, eve	done during most o
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 247-16-5914 RECORDS: BCH 4940 Eastern Ave., Balto. 18. 40			AIDEN NAME	14. MOTHER'S MAIL				
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 247 - 16 - 5914 TRECORDS: BCH 4940 Eastern Ave., Balto. 18.			Dec.)	Janie (De	ton	Brockingt	immy .	Ji
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rise to the above cause (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?		109.	4 VD	EVA ASCV	(B)	D DEATH mode of dying, It means the disect ch caused deoth.)	LEADING TO s not mean the se, asthenia, etc. complication whi	(This does heart failuse injury or co
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OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examinar) DEATH (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	D	FINDINGS CONSIDERED		20 A. AUTOPSY? (Y			OF OPERATION	19A.DATE C
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(APPROX) While At Work At Work			W DID INJURY OCCUR?		While At Not Wh	oy) (Yeor) (Hour)	(Month) (De	OF INJURY
22. I certify that (I) (this haspital) attended the deceased from 1/24/66	19.626	2/7- 19	19 10	1/24/66	ded the deceased from	s haspital) attende	ify that (1) (thi	22. I certif
that (1) (we) last saw the deceased alive an 2/7 19 66 and that in (my) (our opinion death accurrently)	on the dat	inian death accurred an						
and hour and fram the causes stated abave (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE M.D. Attending Med. Stoff 7	/	23B. DATE SIGNED			///	ouses stated abave	200	

24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) 966 Mt. Balto Auburn Cem. Md. 25B. NAME OF REGISTRAR 5

4940 Eastern Avenue, Balto, Md. 21224

23D. ADDRESS

M.D.



a O. A.

shows: was D. deceased

written

VS 150-REV, 1/1/65

Sob

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hospital

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attend

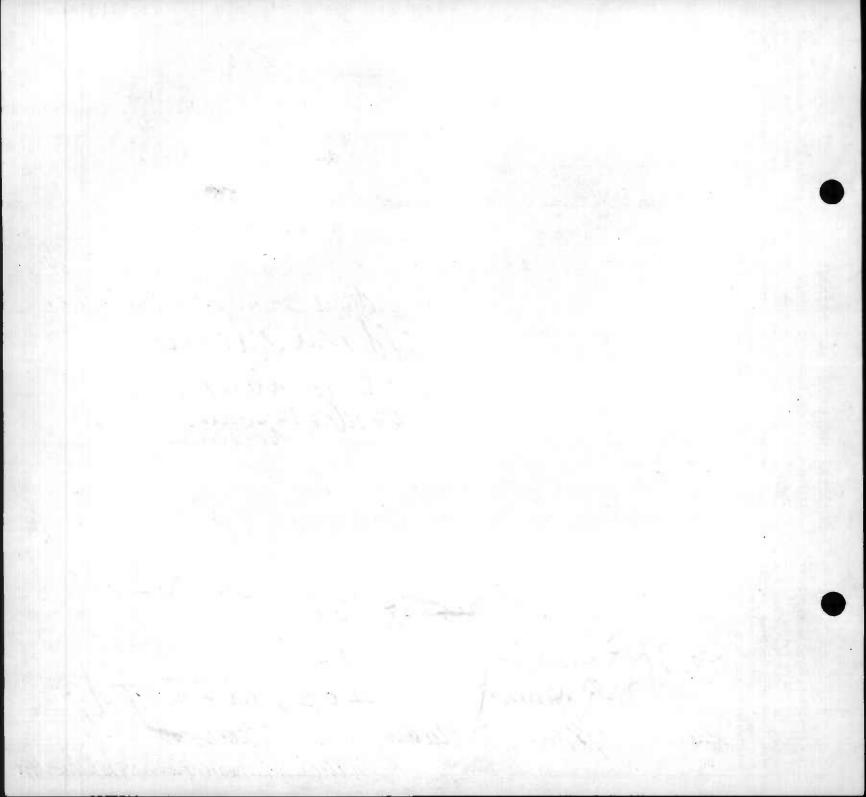
cause; (5)

death.

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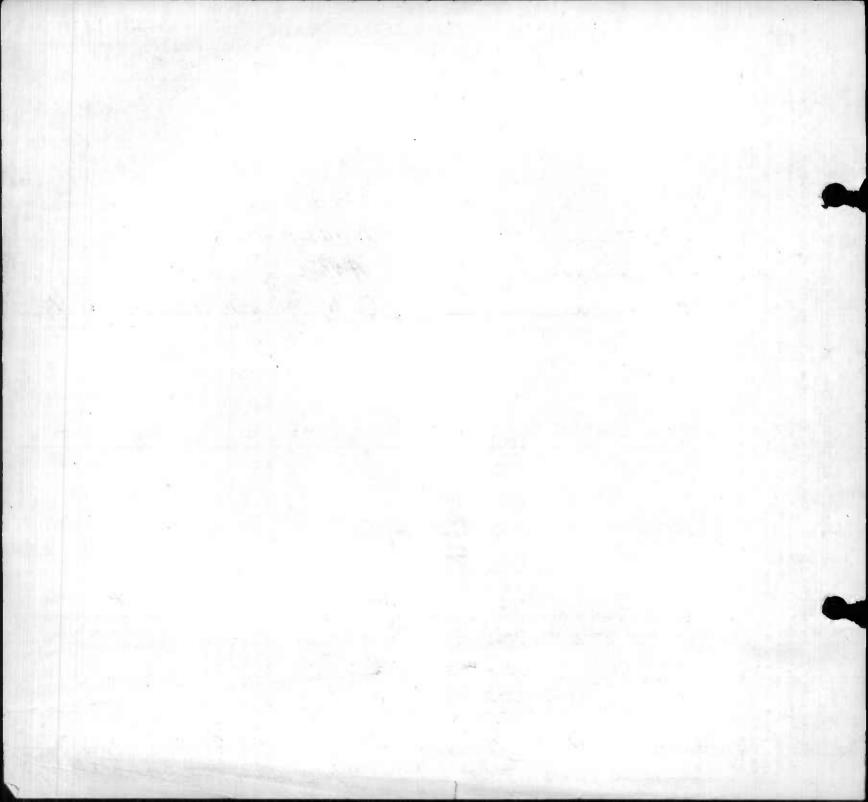
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FUNERAL DIRECTOR: IMPORTANT	-5	1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death character (1) An accident of any natures (2) Rody humas (3) A fracture of any kinds (4) Undetermined causes (5) Deceased	in a hospital and ng cause of death (S) Deceased	7
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	attendance on the ior to death. Such	1

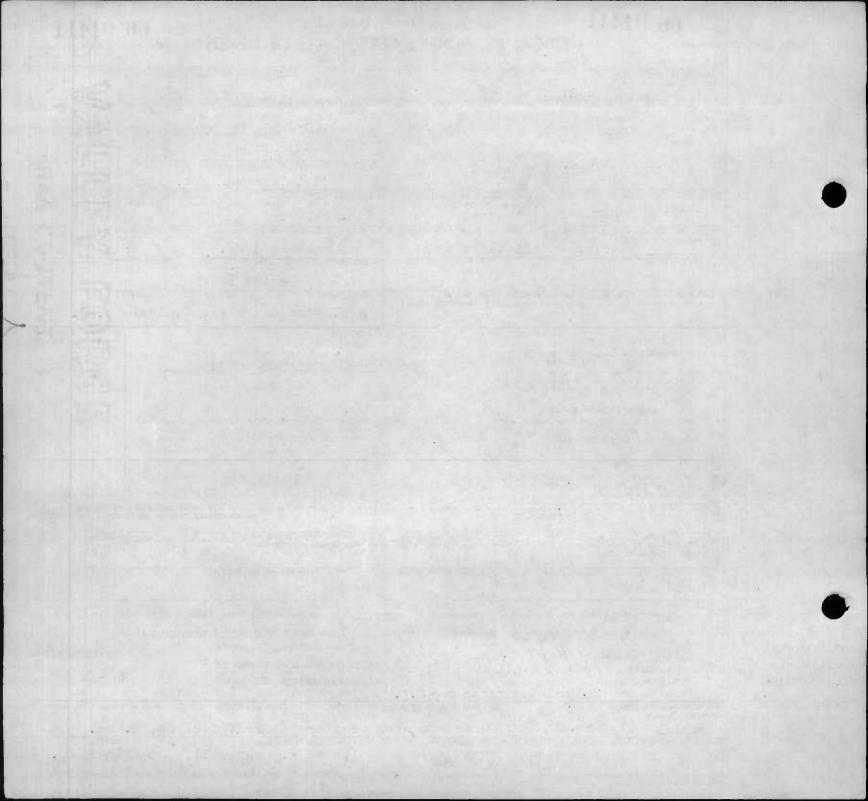
	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 66 01410	CERTIFICA	TE OF DEATH	Registered No.	66 01410
I. NAME OF DECEASED (Type of Print) SANDERS ULESE.		2. DATE AN	D HOUR OF DEATH	Mal .
291107114		die	7-66- 3-20	M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	TY (nstitution: residence before admission)
FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outs		RURAL ond give township)
LUTHERAN HOSPITAL OF	MARYLAND	D. STREET ADDRESS (IF	MORE out on	
730 - ASHBURTON STRE.		24. N. ELL	AMONT ST.	BASTIMORE. NO.
	RIED, NEVER MARRIED OWED, DIVORCED (specify)		ost birthdoy) 52 485	If Under 1 Yı. II Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
Laporer Un	EMPLOYED.	KINDSOF /	V. C.	USA
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	9 /	
15, Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	O/CMXN	ADDRESS
(Yes, no or unknown) (II yes, give wor or dotes of serv	SECURITY NO.	Thomas / Calou	11 AUS 24 89	Plannet It
18. 3.3 / /	CAUSE O	OF DEATH	WW X 1 1/1	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		Coppositocomo	o Accine	
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis		(STROK	E 4	200000000000000000000000000000000000000
injury or complication which caused death.)		(311-61		
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if ony, g rise la lhe obave cause (A) stating UNDERLYING CONDITION lost.				
Z OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	208. IF YES. WERE	FINDINGS CONSIDERED
198. CONDITION WAS PERFORMED		YES V	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, lorm, loctory, street, o etc.)	n or obout 21C. WHERE DID liftice bidg., INJURY OCCUR?	(If in Boltimore	e City, give exoct locotion)
D 21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
OF INJURY (APPROX.)	While At Work Not While Work At Work			
22. I certify the (1) (this hospital) attended	ded the deceased from		966 10	2- 11- 1966 .
thos (1) (we) lost saw the deceased olive			at in (my) (our) opi	nian death occurred on the dote
ond hour ond from the causes stoted oba	ve. ((1) (We) (did) (did not)	view the body ofter death.		
23A. SIGNATURE	M.D. Att	ending Med.	Stoff Phys.	23B. DATE SIGNED
23C. PHYSICIAM'S NAME (Type) LAVIZA MEHMOX		LUTHERAN HOSE	PITAL OF)	JARPLAND.
	4C. NAME 61 CEMETERY OF CR	MATORY 24D. LC	CATION	Ly, town, or county) (Stote)
10urial 2/12/1960	YIIT KIUN	um lem. 18	1115. 9	111.
	ME OF REGISTRAK	25C. FUNERAL DIRECTOR	es of Thus	2109 Pallan All GL
VS 150-REV. 1/1/65	Fallow MA	YVIIIIAMS TUNE	My MARIE	off the production of



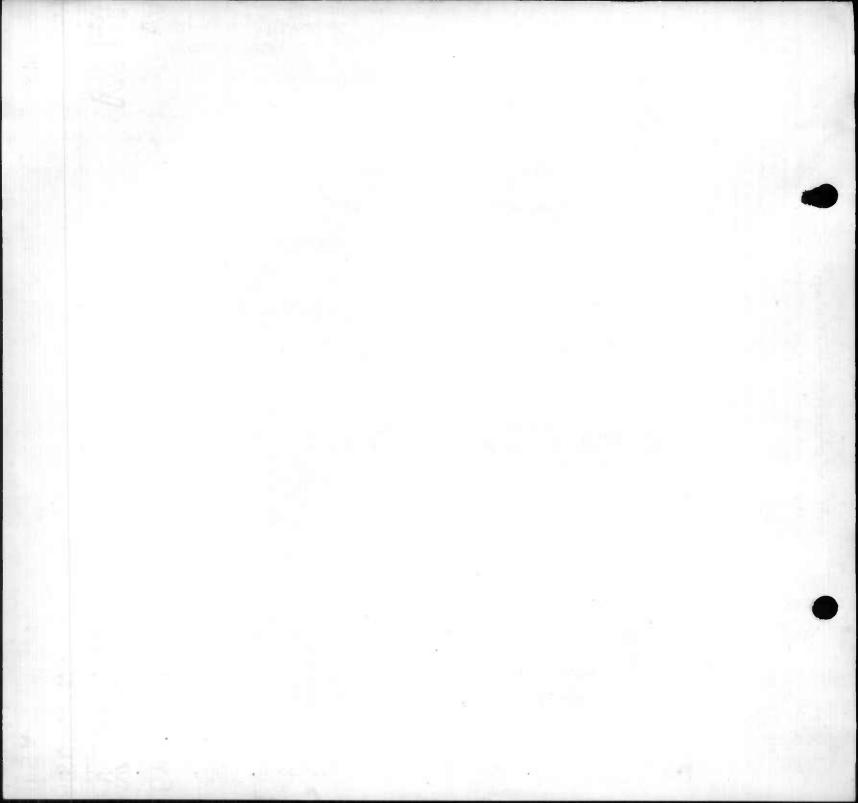
9 6 h-M

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

BIRT	H NO.		MEDI	CALE	AMINER 3 CI	CKIII	CATE OF D	EAIN Registe	red Na	
-	CASE NO.									Pr } -
	NAME OF DEC	EASED					2. DATE AND	HOUR PRONOUNC	ED DEAD	
				Y WALKE			Febru	ary 5, 196	6	6:55 PA
3. P	LACE IN BALT	IMORE, MARY	LAND, WH	ERE PRONO	JNCED DEAD	4. USUA A. STAT	L RESIDENCE (Where d		itution: resi	dence before admission
ELLI	I NAME OF	HE NOT I	A HOSPITA	OP INSTITU	THON CIVE STREET		Maryland			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		C. CITY	OR TOWN (If autside	corparate limits, write	RURAL	nd give jownship)				
		Baltimore			15	01				
Z	Mar	yland Ge	eneral	Hospit	:al	D. STREE	T ADDRESS (If rurol,	give location)		
							2200 Park	Ave. Apt.	3	
5. S	EX	6. RACE			NEVER MARRIED	B. DATE		9. AGE (In years	If Under	r 1 Yr. If Under 24 H
f	emale	white		Dovor	DIVORCED (specily)	Aug.	24,1937	10st birthdoy)	Months	Days Hours Min
104	USUAL OCCI	IPATION GIVE	kind of work		BUSINESS OR INDUSTRY			ca untry)	12. CITIZ	EN OF
	during most of v	cocking life, even	if retired)			J. BIKITI			WHA	AT COUNTRY?
12 1	ATHEMS MAA	Waltres	55	Resta	urant	14 440 71	Cumberland	, Ma.	US	A
13.1	ATHER'S NAM	t				14. MOTE	ER'S MAIDEN NAME			
		?					Beula	h ?		
	NAS DECEASE , no or unknown)				16. SO CIAL SECURITY NO.	17. INFOR	MANT		ADDRES:	Š
		, , , , , ,				Mrs	. Emma Ala	baugh, Cum	berla	ind, Md.
	no				CALISE	OF DEA	тн			INTERVAL BETWEEN
	5	2 / 1			GAOJE	OI DEA	12.			ONSET AND DEAT
	DISEAS	E OR COND	ITION DIR	ECTLY						
		LEADING TO	O DEATH		(A) Acut	e vel	low atrophy	of liver		
D	(This does not be out failure.	ot meon the asthenia, etc.	mode of	dying, e.g.,	DUE TO	J C #	towucr.opii.j			***************************************
	injury or cor	nplication which	h coused d	eath.)						
		NTECENDEN	TCALICES							
		OR CONDITIO			(B)	************	••••••••			
	RISE TO TH	E ABOVE CAL	JSE (A) STA		DUE TO					
_	UNDERLYIN	IG CONDITIC	N LAST.		(C)					
Ó										
F	OTHER SIGN	II NIFICANT CON	IDITIONS C	ONTRIBUTU	N.C				1.7	
S		DEATH BUT							11/2/20	
Ė		CONDITION				************				
CERTIFICATION	19A. DATE OF	OPERATION	WAS PERF		WHICH OPERATION	20 A. A	UTOPSY? (Yes or No) 2	08. IF YES, WERE FILL NO CERTIFYING CAU		
	0						es	yes		
MEDICAL	21 A. EXTERNA UNDERLYING	OR CONTRIB	S	21 B.	PLACE OF INJURY (e.g., , farm, factory, street, a	in or obou	21C. WHERE DID (II	in Baltimore City, gi	ve exact la	ocation)
ă	UTING CAU			etc.)	, , , , , , , , , , , , , , , , , , , ,		THE CALL OF COOK.			
Σ	21 D TIME	(Month) (De	oy) (Year)	(Hour) 2	TE. INJURY OCCURRED		21F, HOW DID INJUI	RY OCCUR?		
	OF INJURY		0,, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		WHILE		.,		
				m. \	WORK AT W	ORK				
	22.	ify that I he	ld om In	aulry 🗆	Inspection Aut	opsy X	and that an this	basis, death in n	ny onlalo	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					17	11
	resul	ted from: No	y	ses WA A	Accident Suicld	_		ndetermined monne	er 4	
		/	1111	1.0	7 1/1		IEF MEDICAL EXA			DATE SIGNED
	SIGNAT		UIA	(M)	unwin	ASSIST	ANT MEDICAL EX	MINER X		DATE SIGNED
	EXAMIN		10	way	my U.		ATE MEDICAL EX		2	2-6-66
	NAME (diger	Breite	necker, M.D.	A330CI	ATE MEDICAL EX	SMITTER .		
	. BURIAL CRE	MATION, 238	DATE		C. NAME OF CEMETERY O	CREM AT	ORY 23D. LO	CATION (City,	town, or o	county) (Stote)
REA	AOVAL (Specify		h 10	7066	C	- 0				
	Burial		b.10,		Great Cacapo		V	eat Cacapo		
24A	. DATE REC'D				OF REGISTRAR		FUNERAL DIRECTOR	- 331 0		ADDRESS
	FEB 9	1966	00	P- 2 3	Falleysia	19	ames F. Sc	arpelli, C	umber	land Md.
	161 051 161		1	12 71			James 1.	2 carpelle	·len	Mulan P
VS	151-REV. 1/1/	65				1 1	1 1 1 13	/		



3.5		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 65	625/966 111412	CERTIFICA	TE OF DEATH	Registered No.	66 01412
M.E. CASE NO.	EASED	1 - 1	2. DATE AN	D HOUR OF DEATH	10
(Type or Print)	SMITH. An	apla Patrico		2/7/6	10 1 76
3. PLACE OF DE	ATH IN BALTIMORE, MARYLAI	No	4. USUAL RESIDENCE (When	e deceosed lived, Il insti	
			A. STATE B. COUN'	_	1 12 4
FULL NAME C	 (If not in hospital or ins oddress or location) 	tilution, give street	c. CITY OR TOWN (II off	side city limits, write RU	RAL and give loweship)
INSTITUTION	A	1 11	72.11.	noe chy minis, which ko	KAL ONG GIVE IOWIISIND!
7 1	lniv. of Mo	1. HOSA	D. STREET ADDRESS (If r	urol, give location)	
6	Cijiii oi		932 Ridge	10, 1-	0)
S. SEX	6. RACE 7. M	ARRIED, NEVER MARRIED	1 00 1 1 1 1		If Under 1 Yr., If Under 24
	/-	IDOWED, DIVORCED (specify)		ost birthdoyl	Months Doys Hours Mi
- LWV	1 1 1 1 1	KIND OF BUSINESS OR INDUSTRY	1	an country)	12. CITIZEN OF
	working life, even if retired)		Δ	,,.	WHAT COUNTRY
	mant		Maniland		N2H.
3. FATHER'S NA!	AE .	1	14. MOTHER'S MAIDEN NAM	AE .	
Ge	orge W. Sm	TH	Celostino	HINDS	
S. Was Deceosed	Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
N C	(It yes, give wor or dotes of s		Charles L	watter !	about
18.		CAUSE O	DE DEATH	MOINW)	INTERVAL BETWEEN
0	C ON COMPLETON DIRECT		· Venill	•	ONSET AND DEATH
DISEA	SE OR"CONDITION DIRECTL LEADING TO DEATH	1.	umphosaic	cm a	3.11/5
	not meon the mode of dyin		7 7 7 7 7 7 5 501 6	- Track	- WN3
	osthenio, etc. It means the application which caused death		. 0		
	ANTECEDENT CAUSES	(B)			
	OR CONDITIONS, if ony,	DUE TO			
	e obove couse (A) stati		**************************************		
UNDERLYING	G CONDITION lost.				
7	H				
E TO THE D	FICANT CONDITIONS CONTI	TO THE			
	CONDITION CAUSING IT.	N FOR WHICH OPERATION	20 A. AUTOPSY! Kes or No	20B. IF YES, WERE FIN	IDINGS CONSIDERED
19A. DATE OF	WAS PERFORM			IN CERTIFYING CAUS	ES OF DEATH?
U 21 A. ACCIDE	NT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	a or about 21 C. WHERE DID	(If in Boltimore (City, give exoct location)
OR CONTRIB	JTING CAUSE OF	home, loim, foctory, street, o	ffice bldg., INJURY OCCUR?		any, gree chock toconom
0					
OF INJURY	(Month) (Day) (Year) (Ho		21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)		While At Not While Work At Work			11.
22. I certify	that (1) (this haspital) offe	ended the deceased from 1	1/2/66 1	9ta	2/7/ 196
	lost saw the deceased all	2710	-(-		on death accurred on the
_				(my/ (con) opini	on deall decorred on the
23A. SIGNATU		bove. (I) (We) (did not)	view the body offer deoth.	Le	DATE CIONED
Z3A. SIGNATO	M 7 1 .00	MA AMP. AII	ending Med.	Stoff 1	23B. DATE SIGNED
	MITCHELL	- de Com Mi	rs. Director	Phys.	47166
PHYSICIA NAME (1	ype)		23 D. ADDRESS	11 /2	nd Ol
	Mitchell S	follod, MD M.D.	Univers	ity Hosp	rfall
24A. BURIAL CRE	MATION, 248. DATE	24C. NAME of CEMETERY of CR	EMATORY 24D. LC	CATION (Chy,	lown, or county) (Sto
Buria		Carver Memoria	al Park Is	urel, Md.	
25A. DATE REC'D		NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	, , , ,	ADDRESS
CED O			Chanles A	Rice 661	W. Rarra K-
YS 150-REV. 1/1/	1966 @ 2 5	E. Farthyan	Charles A.	Rice,661	W. Barre St.



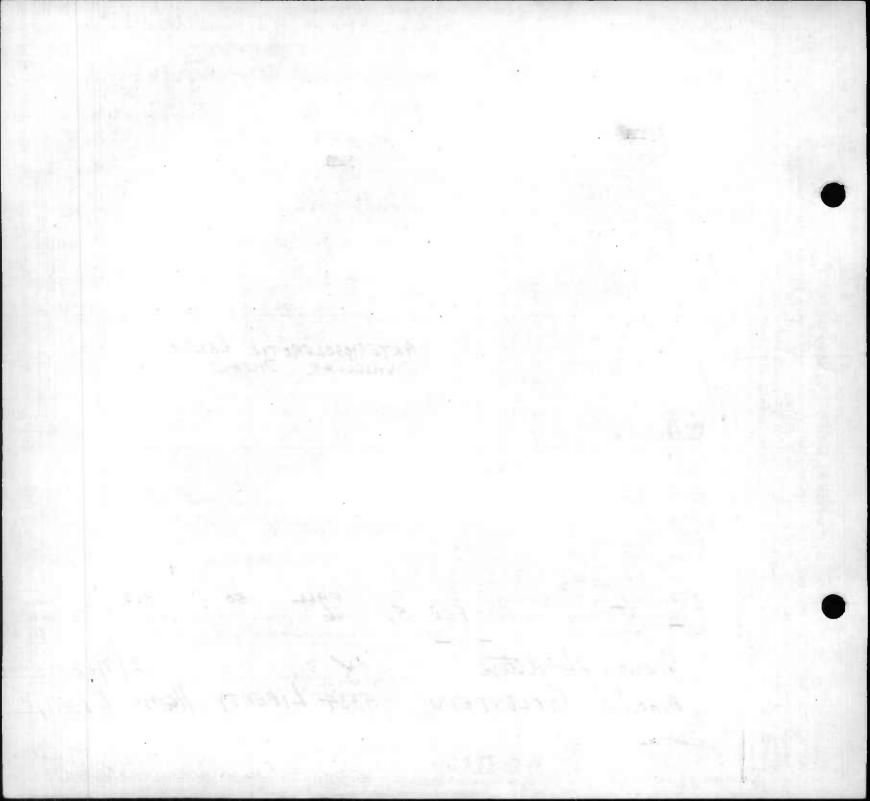
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

VS 150-REV. 1/1/6S

BALTIMORE	CITY	HEALTH	DEPARTMENT
PALETHANCE	- I	110716111	DEI WILLIAMETAL

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Registered	No.	1	14	11

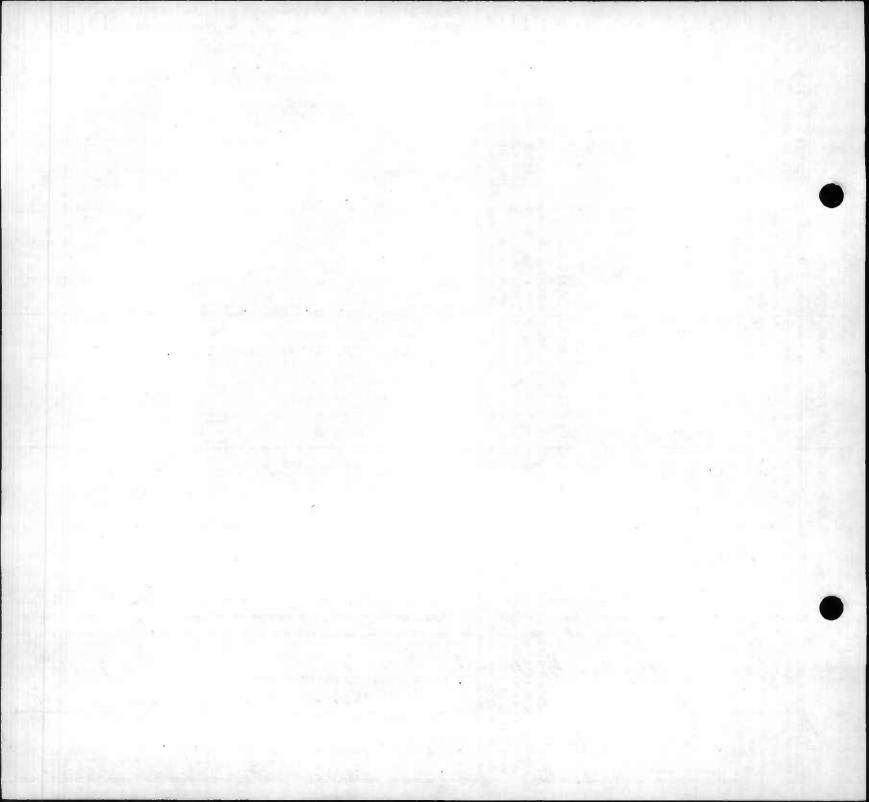
	E CASE NO.	1413 CERTIFICA	ATE OF DEATH		
	pe or Print)		-	HOUR OF DEATH	
2 0	William	H. Utz		ry 7, 1966	
3. P	PLACE OF DEATH IN BALTIMORE, MA	ARTLAND	A. STATE B. COUNT	deceased lived. If insti	itution: residence before admis
F	FULL NAME OF (If not in hospital	or institution, give street	Maryland	2)
11	HOSPITAL OR oddress or location	on)	C. CITY OR TOWN (If outs	ide city limits, write RU	RAL ord give township)
7	3111 W. Belve	edere Avenue	Baltimore		
0	Baltimore, Ma		D. STREET ADDRESS (If re	urol, give location)	
			3111 West Bel	vedere Ave.	15
S. S	SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours M
Ma	ale White	Widowed	11/20/1869	96	
		10B, KIND OF BUSINESS OR INDUSTR		n country)	12. CITIZEN OF WHAT COUNTRY?
done	e during most of working life, even if retired) Vice President	Wolne mfamina	Managara 3		WHAT COUNTRY?
13.	FATHER'S NAME	Value mfgring	Maryland 14. MOTHERS MAIDEN NAM	i.F	
, 50					
	David E. Utz		Elizabeth	Myers	
15. Yes	Was Deceased Ever in U. S. Armed Fo s,no or unknown) (If yes, give wor or do	es of service) 16. SOCIAL	17. INFORMANT		ADDRESS
	No None	051-14-0512	Mrs. Nimmrod M.	Grooks. Jr.	same address
	18. //22 11	CAUSE	OF DEATH	, ,	INTERVAL BETWEEN
	DISEASE OR CONDITION D	RECTLY .		0	ONSET AND DEATH
	LEADING TO DEATH	IA AR	TERIOSCLEROTIE	CARPIC-	10 YRS.
	(This daes not mean the mode o heart failure, asthenia, etc. It mean	f dying, e.g., DUE TO	TERIOSCLEROTIE	EASE	
	injury or camplication which cause				
	ANTECEDENT CAUSE	£ (B)	Mararaman i i i i i i i i i i i i i i i i i i i	0.444.P\$\$\$\$\$ #4444	
	ANTECEDENT CAUSE DISEASES OR CONDITIONS, if	S (B) OUE TO	HEMARAMAN I I I I I I I I I I I I I I I I I I I	A A A A A D D D D D D D D D D D D D D D	
	DISEASES OR CONDITIONS, if rise to the above cause (A)	S (B) OUE TO			
	DISEASES OR CONDITIONS, if	S (B) OUE TO			
N	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tost.	S (B) DUE TO any, giving (C)			
MOIL	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL	S (B) OUE TO Only, giving slaling the (C) CONTRIBUTING ATED TO THE			
ICATION	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS	S (B) DUE TO OUE	[20A. AUTOPSY? (Yes or No)		
RTIFICATION	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CO.	S (B) DUE TO OUE			
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AL CERTIFIC	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. COI WAS PER	S (B) OUE TO ONY, giving stating the (C) CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION REFORMED 218 PLACE OF INJURY (c.g.,	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIT	NDINGS CONSIDERED
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MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. COWAS PEID (CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and fram the causes stated and haur and fram the cause stated and haur	CONTRIBUTING ATED TO THE IT. Notition FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Who At Work and alive an FB 5 Ated abave. (I) (We) (did) (did nat)	20A. AUTOPSY? (Yes ar No) in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJU hile and tha vlew the bady after death.	208. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore Garage Property of the Court of the C	NDINGS CONSIDERED SES OF DEATH? City, give exact location) FEB. 7, 19 6, an death accurred an the
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PELON (AUGUST 19B. CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUGUST (AUGUST 19B. (Month) (Doy) (Year OF INJURY (APPROX.) 22. I certify that (I) (this hospite that (I) (we) last saw the decease and haur and from the causes steeped to the course of the causes of the cause of the causes of the cause o	CONTRIBUTING ATED TO THE IT. NOITION FOR WHICH OPERATION REFORMED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) While At Not Who work Work Nor Which Operation While At Not Who work Work Nor While At Work At Work At Work At Wo	20A. AUTOPSY? (Yes ar No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJU and the view the bady after death. Itending Med. Director 23D. ADDRESS	20B. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore (In Boltimore	ADINGS CONSIDERED LES OF DEATH? City, give exact location) TEB. 19 Grant and death accurred an the
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PEION (A) CONTRIBUTING (A) CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year (A) PPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and from the causes structure) 23A. SIGNATURE	CONTRIBUTING ATED TO THE IT. Notition FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Who At Work and alive an FB 5 Ated abave. (I) (We) (did) (did nat)	20A. AUTOPSY? (Yes ar No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJU and the view the bady after death. Itending Med. Director 23D. ADDRESS	20B. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore (In Boltimore	ADINGS CONSIDERED LES OF DEATH? City, give exact location) TEB. 19 Grant and death accurred an the
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. COWAS PEID 19B. COWAS PE	CONTRIBUTING ATED TO THE IT. NOITION FOR WHICH OPERATION REFORMED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) While At Not Who work Work Nor Which Operation While At Not Who work Work Nor While At Work At Work At Work At Wo	20A. AUTOPSY? (Yes ar No) in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJU hile 1966 and the vlew the bady after death. ttending Med. Director 1 23D. ADDRESS 23D. ADDRESS	208. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore of the Boltimor	ADINGS CONSIDERED LES OF DEATH? City, give exact location) TEB. 19 Grant and death accurred an the
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. COWAS PEID 19B. COWAS PE	CONTRIBUTING ATED TO THE IT. NOITION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.) While At Not Who will attended the deceased from seed alive an FB. 5, and abave. (I) (We) (did) (did not) ALLO STEIN M.D. 24C. NAME of CEMETERY of Circles	20A. AUTOPSY? (Yes ar No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY and the view the body after death. 1966 and the view the body after death. 23D. ADDRESS 23D. ADDRESS 24D. LO	20B. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore (In Boltimore	ADDINGS CONSIDERED LES OF DEATH? City, give exact locotion? FEB. 19 6. an death accurred an the 2 7/66 HTS BALTO, town, or county) (Sec.
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. COWAS PEID 19B. COWAS PE	CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Who At Work work Not Which of the work of the deceased from the deceased f	20A. AUTOPSY? (Yes ar No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY and the view the body after death. 1966 and the view the body after death. 23D. ADDRESS 23D. ADDRESS 24D. LO	208. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore of the Boltimor	ADDINGS CONSIDERED LES OF DEATH? City, give exact locotion? FEB. 19 6. an death accurred an the 2 7/66 HTS BALTO, town, or county) (Sec.



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

VS 150-REV. 1/1/65

				BALTIMORE C	TY HEALTH DEPARTMEN	Т	
	TH NO.		66 014.	CERTIFIC	ATE OF DEAT	H Registered N	. 66 01414
	L CASE NO.	EASED			2. DAT	E AND HOUR OF DEA	TH
	0.1.1	Vellie	н.	Riland		eb. 8, 1966	16:00 p.
3. 1	PLACE OF DEA	TH IN BALTIM	ORE, MARYLAND		4. USUAL RESIDENCE	Where deceased lived. I	f institution: residence boloro admiss
						OUNTY	20-11
	FULL NAME O HOSPITAL OR	F (If not in oddross	hospital or instituti or location)	on, give street	Maryland	0f - 4-14 24- 11-141	te RURAL and give township)
- 1	MOITUTITEN	ount Con	valescent	Home	Baltimore	it outside city limits, wit	re KOKAL ond give township)
7			onia Road		D. STREET ADDRESS	(If rural, give location)	
4			, Mary land	21216	3418 Roye	0 4 ** 0 ** 10 **	
5. 9	SEX	6. RACE		IED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24
	'emale	White	WIDO	WED, DIVORCED (specify) Widowed	Oct. 2, 1889	lost birthdoyl	Months Doys Hours Mi
		JPATION (Give ki working lile, even		OF BUSINESS OR INDUS	RY 11. BIRTHPLA CE (Stoto o	r fareign country)	12. CITIZEN OF WHAT COUNTRY?
gon		ewije	ii reiireu;		Virginia		WIAT GOOKINI
13.	FATHER'S NAM	ΛE			14. MOTHER'S MAIDEN	NAME	
	Alhant	Unmie			27.7 - 01		
6	Albert		med Faces?	11.6 500111	IIIa She	rton	ADDRESS
Ye	s, no or unknown	Ever in U. S. A. (If yes, give w	or datas of servi	SECURITY NO.	W. INFORMANT		ADDRESS
	No	None	9	None	Mrs. Florence	ce E. Beam sa	me address as abov
	18. // 2	2 1 1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDIT	TON DIRECTLY	ė			
		LEADING TO		(A) ALI	erioscleratic care	liovascular d	isease unknown
			made of dying, o	9-1			
			caused death.)	ise,			
		ANTECEDENT	CAUSES	(B)			
			NS, if any, give	DUE TO			
			se (A) slaling	. *			
	UNDERLYING	CONDITION	last.				
_			12/20				
ATION			TIONS CONTRIBU				
	DISEASE OR	CONDITION CA	AUSING IT.				
CERTIFIC	19A.DATE OF	OPERATION	WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ERT	0						
	OR CONTRIBL	T WAS UNDER	RLYING _	home, larm, factory, street	office bldg., INJURY OCCU	ID (If in Baltir	mare City, give exact lacation)
CAL	DEATH (notily	medical oxamin	ei)	etc.)			
EDI	21 D. TIME	(Month) (Day	Year (Hour)	21E INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?	
Σ	(APPROX.)			While At Not V			
				Work At W	1	1-7	Feb 8 1966
	22. I certify	that (1) (this	bospital) attende	d the deceased fram	Jan. 10	1963 to	Teb 8, 196 6
	that (i) (we)	last saw the	deceased alive	on +66.4	19 6 ar	nd that in (my) (our) (apinian death accurred an the
and haur and from the causes stated abave. (1) (We) (dtd) (did not) view the body after death.							
	23A. SIGNATU	RE	4 44				23B. DATE SIGNED
	1	1. ale	B. He		Attending Mod. Director	Staff Phys.	7,0 9 1966
	23C. PHYSICIA	N'S	- 101/10	8	23D. ADDRESS		Feb, 9, 1966
	NAME (T		0 11 -			RTY ROAD	X
	AUR.	AHAM	B. HUR	XIII			DALTIMORE MI
24/	REMOVAL		DATE 240	C. NAME OF CEMETERY OF	CREMATORY 2	D. LOCATION	(City, town, or county) (Stat
	Burial		/11/1966	Western Ceme	terv	Baltimore, M	14
25/		BY HEALTH DI			25C. FUNERAL DIRE	CTOR .	ADDRESS
	FEB	9 1966	BBEC	7" 17	7.1. 1.7.	hour 18	Balto. md.
	FEB	D ITINE					



			BALTIMORE CITY	HEALTH DEPARTMENT		5471915
BIRTH NO.		01415	CERTIFICA	TE OF DEATH	Registered No.	JY PELL
7/1/4/	Charlot!		ect Allen	2-6-	NO HOUR OF DEATH	45 fish M
FULL NA HOSPITAL INSTITUTI	LOR pddress o		an, give street	a. STATE B. COUN Sichmark C. CITY OR TOWN (IF op i) 28	120 1	RAL ond give township)
34	01 Cuta	w Pl			rurol, give locotion) al Street	
5. SEY	ale When	Nev Nev	ed, Never Married X wed, Divorced (specify) er Married of Business or Industry	B. DATE OF BIRTH J.//T/1884 11. BIRTHPLA CE (Stote or fore	lost birthday 8/	If Under 1 Yr. If Under 24 Hrs. Annths Doys Hours Min.
done during n	nost of working life, even it lerk	retired)	Printing	Boltemare,	muful	WHAT COUNTRY?
Al	exander H. A			Lillian	Roach	1028 Cathedr
(Yos, no or un	sknown) (If yos, give wo	mod Forces? r or dotos of servic	None	Mrs. Reginold	1028 C Allen Baltim	athedrarsst. ore, Md. 2
18. 4	50.0 1			F DEATH		INTERVAL BETWEEN ONSET AND DEATH
1 7 0	DISEASE OR CONDITI		Ω	ueralized a	+ holocoin	aladas
	loes not mean the n	ade of dying, e	.g., DUE TO	meranzea w	MITCECLACI	en herce
	ailure, asthenia, etc. l ar camplicotian which		ise,			
	ANTECEDENT O	AUSES	(B)			
DISEAS	SES OR CONDITION	IS, if ony, giv				3.17
	a the above caus		the (C)			
O.K.D.E.	11	1031.	1	4 1 1	11 11	
≥ TO TI	SIGNIFICANT CONDIT HE DEATH BUT NO SE OR CONDITION CA	T RELATED TO		ich ducto	pethologic	All weeks
19A. DA	TE OF OPERATION	78. CONDITION FO /AS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	20B. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
OR COL	CCIDENT WAS UNDER NTRIBUTING CAUSE (notify medical examina	OF _	218. PLACE OF INJURY (e.g., home, form, foctory, street, otc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	City, give exect location)
OF INJU	URY	(Year) (Hour)	21E, INJURY OCCURRED While At Not Whi Work At Work		JURY OCCUR?	
22. I c	ertify that (I) (this !	ospitol) ottende	d the deceased from	1/20	19 65 10 2	19.6.6
that (1)	(we) last sow the	leceosed olive o	on 2/4	19 Q C ond th	not in (my) (out) opinio	on death occurred on the dat
ond ho	ur and from the cou	ses stated above	o. (1) (We) (did) (did not)	view the body ofter deoth.		
23A/510	NATURE	An				B. DATE SIGNED
12h	115/1/16	cu, M2	M.D. Att	onding Med. Director	Stoff Phys.	-17/66
23C.PH	YSICIAN'S	7 /	1 0	23D. ADDRESS)	ROI-
10	uis Vil	(Van	MI. D M.D.	3,02 W-K	ogers an	Dolpmere 12 a
24A. BURIA	MAL (Constitution		NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (City,	town, or county) (State)
Bu	ial Feb	. 9, 1966	Baltimore	6	altimore	, manuland
25A. DATE	REC'D BY HEALTH DE		E OF REGISTRAR	25C. FUNERAL DIRECTO	R	PADDRESS mel
EF	B 9 1966 (P. P. SE	Carried Share	Wn. J. Die	Aner iso	as with I Pa
	. 1/1/65			100		

was align at the way ale after the fell in Name - Aller 18. June 1

	00 (1)	110	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO.	66 01	410	CERTIFICA	TE OF DEATH	Registered No	66 01416
M.E. CASE NO.	4550		CERTITION			
1. NAME OF DECE (Type or Print)		Timainin	Cooken		ND HOUR OF DEAT	H
3 PLACE OF DEA	TH IN BALTIMORE MA	/irginia	Seaton	L'ebr	uary 8, 196	institution: rasidenca before admission)
				A. STATE B. COU		9AA
HOSPITAL OR	F (If nat in haspitol address ar locatio		give street		utsida city limits, write	RURAL and give township)
INSTITUTION	ouse-in-the-E	Pines- B	elvedere	Baltimore		
	525 West Bely				f rurol, give lacotion)	
0			7 3 1 1 4 5	1512 Tunlar	w Road	18
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
Female	White	Wic	dowed	Jan. 30, 1872	lost birthdoyl	Months Days Hours Min.
	PATION (Give kind of work rorking life, even it retired)	k 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lor	eign country)	12. CITIZEN OF WHAT COUNTRY?
Housewif				Baltimore,	Md.	
13. FATHER'S NAM				14. MOTHER'S MAIDEN NA		
	Donn	elly				
15. Was Deceased	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
NO NO	(If yes, give war ar dote None	us or service)	SECURITY NO. 212-01-1194	Mr Norman Co.	aton some	address as above
1B. / つ つ	4,0116		7 -4	OF DEATH	a con same (INTERVAL BETWEEN
4-dd	. /					ONSET AND DEATH
	E OR CONDITION DI LEADING TO DEATH	RECTLY	1	an head	Thiank	000 9 /2 mo.
	al mean the made of	dying, e.g.,	DUE TO	To aller	1100 Q-SI	1) = ALYUA
	asthenia, etc. Il means plication which caused		Q	encommence	Docte G. V	2 10-11-
	NTECEDENT CAUSES		(B)			
			DUE TO	harmonic management for the summer mentions drawn as a sum and draw draw for the state of a state of the stat	# & & &	
	R CONDITIONS, if abave cause (A)		(C)			
	CONDITION last.		(0)	·		
	11					
O OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTIN	G			
DISEASE OR	EATH BUT NOT RELACED TO CAUSING		E			
19A. DATE OF	OPERATION 198. CON	IDITION FOR T	WHICH OPERATION	20A. AUTOPSY? (Yes at N	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDEN	IT WAS UNDERLYING	21 B	PLACE OF INJURY (a.g.,	in ar obaut 21 C. WHERE DID	(If in Baltim	are City, give exact location)
OR CONTRIBU	TING CAUSE OF madical examiner	hom etc.	ie, form, foctory, straet,	office bldg., INJURY OCCUR?		
				215	111157 0 0 0 11100	
21D. TIME OF INJURY	(Manth) (Day) (Year)		INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX.)		Wh	ile At Nat Wh			
22. 1 certify	that (1) (this hospita	I) ottended t	he deceosed from	Jul 17	196 3 10 7	F-Cb-8 1966
that (I) (we)	last sow the decease	ed olive on	7168	1		pinion death occurred on the date
						decine of the dol
23A. SIGNATU		red opove. (I	(me) (aia) (did not)	view the body ofter deoth.	•	23 B. DATE SIGNED
ZSA. SIGNATO	01/00/11/	al lec	M.D. AI	tending Med.	Staff	23 DATE SIGNED
**	a work	or or or	Ph	ys. Diractor	Phys.	11/06
23C. PHYSICIA NAME (T)	N'S (pe)			23D. ADDRESS		
-		olman	M.D. M.D.	3700 Par	k Heights	Avenue
24A. BURIAL CREA	MATION, 24B. DATE		AME of CEMETERY or CI		-	City, tawn, or county) (State)
REMOVAL (S		066	al timena dama	tower D.		
Buria 25A. DATE REC'D			Eltimore Ceme		altimore, Mo	
ZJA. DAIE KEC'D	ACCO A A	The State of	No.	25C. FUNERAL DIRECTO	/ 0	But to, ma,
FEB 9	1965 (d) Parts	C. VICAS	M.M. general	Wmitiles	mer red	ne portara.
VS 150-REV. 1/1/6	5					

BALTIMORE CITY HEALTH DEPARTMENT 66 01417 Registered No. 66 11417 CERTIFICATE OF DEATH BIRTH NO. pital and of death Deceased M.E. CASE NO. Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) EIGEL BERNER UO hospital 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B. COUNTY eath. ance (5) cause MARYLAND FULL NAME OF (If not in hospital or institution, give street 7 HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give cause; attend BALTIMORE SQUARE HOSPITH contributing CLIFTON AVE Undetermined gular made 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH_ 9. AGE 5. SEX 6. RACE deceased WIDOWED, DIVORCED (specify) lost birth NOT HAKKIED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE plate or foreign coul done during most of working life, even if retired) = dispositio BALTIMORE TEA CHER MOS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME D the <u>4</u> #URLONG Eigelberner Katherine VR STID HAM death LO 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance No None any CAUSE OF DEATH pronounced OF DISEASE OR CONDITION DIRECTLY o balmed LEADING TO DEATH (This does not mean the mode of dying, e.g., examiner heart loilure, osthenio, etc. It means the disease, O injury or complication which caused deoth.) E regu ANTECEDENT CAUSES ho are 4 DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the physician UNDERLYING CONDITION lost. the remains the chief medical MOS burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 0 WAS PERFORMED by before 21A. ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 3 where OR CONTRIBUTING CAUSE OF to the hospital °Z DEATH (notity medical examined any nature; MEDI obtained (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX.) At Work Work and 22. I certify that (1) (this hospital) attended the deceased from leath); that (1) (we) lost sow the deceased alive on... of hospital and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. the body was released accident 23A. SIGNATUR ŏ Attending Phys. Med. Stoff 10 Director L approval O 23C. PAYSICIAN'S NAME (Type) 23D. ADDRESS prior at An FRANKLIN ds D.O.A. shows: (1) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased REMOVAL (Specify) 2/10/1966 Mount Olivet Cem etery Da 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR

RECORDS INTERVAL BETWEEN ONSET AND DEATH Conquestive heart Facture 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (It in Bollimore City, give exact location) ond that In(my) (our) opinion death occurred on the date 23B. DATE SIGNED Baltimore, Md. VS 150-REV. 1/1/65

If Under 1 Yr.

12. CITIZEN OF WHAT COUNTRY?

Months: Doys

tf Under 24 Hrs.

Hours

U-S. A

ADDRESS

MAKES TO BE THE PROPERTY OF THE PARTY OF THE FRANCIS COURSE WARRIES 155 6-16-8 F W BUT REFERED THE PLANS IN THE CHER, RUP MEDICAL REVOLUS Congression accord Force LL Otherskieth Land Dr. 33-1 James V. de Boyn MUNTO V DE BORNE PRESELA SOUNDE HOSPINI

VS 150-REV. 1/1/65

	BALTIMORE CITY H	EALTH DEPARTMENT		
BIRTH NO. M.E. CASE NO. 82 3585114.18	CERTIFICAT	E OF DEATH		36 01418
1. NAME OF DECEASED / (Type or Print)		2. DATE AND	HOUR OF DEATH	-17
LENAC- INLOES "		- Febru	VARY-8-19	166 5 PM M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNTY	deceosed lived. Il insti	itution: residence belöre admission)
FULL NAME OF (If not in hospital or institution, given the spiral of the		MANYLAND-	de city limits, write RU	RAL ond give township)
BON SECOUNS HOS	PITAL		ral, give location)	l her
		610 N. Ea.	IT HVE-B	ALT. 15 - 116.
	DIVORCED (specify)	-28-1892	AGE (tn years st birthday)	II Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF E	USINESS OR INDUSTRY 11	. BIRTHPLACE (State or loreign	country)	12. CHIZEN OF
done during most of working life, even if retired)		MARYLAND		WHAT COUNTRY?
12 PAYLISMS NAME		MOTHER'S MAIDEN NAM		U.S.A -
13. FATHER'S NAME	14			
JACOB GLASSER -		ROSE. KI	EMP -	
15. Was Deceased Ever in U. S. Armed Farces? (Yes,na or unknown) (II yes, give war ar dotes of service)	6. SOCIAL 17	- INFORMANT		ADDRESS
UN KNOWN -		Ins H.L. LAN	THOUS (NIOI	. 102
1B. 22 1	CAUSE OF		TITCIW (TITE	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	011	DO PANAL	VS15 116	HT 19 DAYS
(This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It meons the diseose,	DUETOSID	A & PANAL) Y	
injury or complication which coused deoth.)	12			
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, il any, giving		The state of the s		
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 198. CONDITION FOR WI	HICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIL	NDINGS CONSIDERED
WAS PERFORMED		NO	IN CERTIFYING CAUS	SES OF DEATH?
	LACE OF INJURY (e.g., in a larm, factory, street, alfic	or obout 21C. WHERE DID e bldg., INJURY OCCUR?	(If in Baltimore (City, give exact location)
D 21D. TIME (Month) (Doy) (Year) (Haur) 21E, 1	NJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
While	At Not While			
YY ORK	At Work L			
22. I certify that (I) (this hospital) attended the	deceased from JAN	14ANY- 20-19	66 to FRB1	nuany - 8-1966.
that (I) (we) last saw the deceased alive an	-EBRUARY-8	3-19.66 and that	in (my) (aur) apini	an death accurred an the date
and haur and fram the causes stated above. (1)	(We) (did) (dld nat) vie	w the body after death.		
23A. SIGNATURE			7	38. DATE SIGNED
Queol & garentes	3 M.D. Atlend	ing Med. Sing Director Pi	toff hys.	FeB-8-1966
23C. PHYSICIAN'S		D. ADDRESS	17 3. 12.3	1 - 3 - 3 - 1 7 0 6
NAME (Type)			11 2 11	DEDITOL
ANGEL S. GONZ F	TLEZ M.D.	BON SECO		03/1176
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAM	ME of CEMETERY OF CREM			town, or county) (State)
Burial 2/11/66 Mt.	Carmel Ceme	25C. FUNERAL DIRECTOR		1 St. Balto.Md
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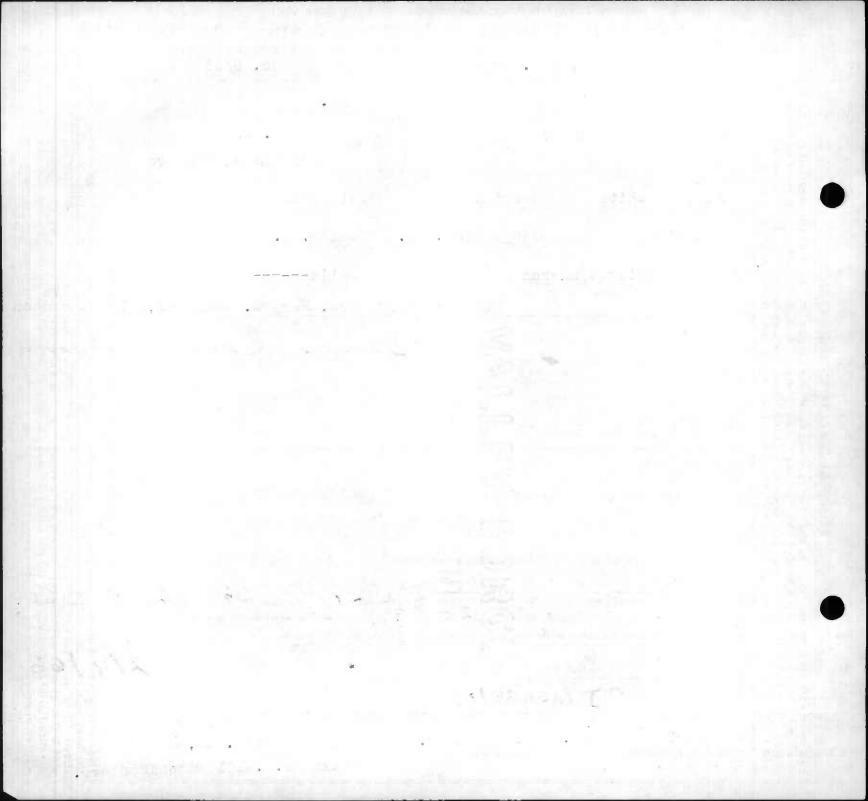
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BALTIMORE CITY HEALTH DEPARTMENT 66 01419 CERTIFICATE OF DEATH Registered No I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) John J. Conneran 8/66 Feb. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY Md. FULL NAME OF (If not in hospital as institution, give street HOSPITAL OR address or facation) C. CITY OR TOWN (If outside city limits, write RURAL and give township INSTITUTION Balto. . 29
(If ruiol, give lacation) 3718 Edmondson Ave 3718 Edmondson Ave is mad 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthday Hours Male July 2/94 White Married 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE Stote or foreign country) 12. CITIZEN OF disposition done during most of working life, even if retired) WHAT COUNTRY? Balto.Md. Retired USA 13. FATHER'S NAME MOTHER'S MAIDEN NAME Patrick Conneran

15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give was ar dates of service) Delia----6. SOCIAL ADDRESS final Ave SECURITY NO. Mrs. Mary A. Conneran, 3718 Edmondson 05 5490 INTERVAL BETWEEN ONSET AND DEATH OF DISEASE OR CONDITION DIRECTLY baimed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) E ANTECEDENT CAUSES DUE TO 9 DISEASES OR CONDITIONS, if any, giving 0 rise to the above cause (A) stating the UNDERLYING CONDITION last. remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, larm, factory, street, affice bldg., INJURY OCCUR? (If in Baltimore City, give exact location) MEDICAL DEATH (notify medical examined etc.1 obtained 21D. TIME (Month) (Day) (Year) (Haur) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While I (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram. 60 that (1) (we) last saw the deceased alive an pe and that In(my) (aur) apinion death accurred an the date and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURI 23 B. DATE SIGNED Attending F M.D. Med. Staff Phys. Director approval Phy s. 23C. PHYSICIAN 23 D. ADDRESS NAME (Type

24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, tawn, or county) REMOVAL (Specify) Burial Feb. 11/66 Balto. National Balto. 25C. FUNERAL DIRECTOR ADDRESS witzke F.D. 4101 Edmondson Ave. VS 150-REV. 1/1/65



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	66 01420		HEALTH DEPARTMENT	66	01420
	NO. 66-01245 ASE NO.	CERTIFICA	TE OF DEATH	Registered Na	
	E OF DECEASED	RAPP	2. DATE AN	18/1965	1.30
3. PLA	CE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (When	e deceased lived. If insti	tution: residence before admis
FULL	L NAME OF (If not in hospital or inst	titution, give street	A. STATE B. COUN	9	006
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0/	w Theren fosp. 9	Melydon!	D. STREET ADDRESS (IF	rurol, give location)	
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5. SEX	6. RACE White 7. M	ARRIED, NEVER MARRIED IDQWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months: Doys Hours Mi
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	ring most of working life, even if retired)	THE OF BOSINESS OF INDUSTRI	11. DIKINITACE (STOLE OF TOTEL	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FAT	HER'S NAME		14. MOTHERS MAIDEN NA	ME	
T	aha Edward Ba	pp 50	marie Por	is Rlank	ers hip
5. Wes	ohn Edward . Rass Deceased Ever in U. S. Armed Forces? or unknown)(If yes, give wor or dotes of s	16. SOCIAL ervice) SECURITY NO.	17. INFORMANT	- 1017	ADDRESS
	, , , , , , , , , , , , , , , , , , ,	SECORITI NO.			
18.	760.01	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTL	Υ		,	
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	nis does not meon the mode of dying ort foilure, ostherno, etc. It meons the d	g, e.g., DUE TO	11000	Curano-ull)	
	ury or complication which coused death	1.)	1		
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	THER SIGNIFICANT CONDITIONS CONTR DITHE DEATH BUT NOT RELATED				175.000
A DI	SEASE OR CONDITION CAUSING IT.		TOO A ALLED BOUGHT	1 208 to ver	IDINICA CONCIDENT
TIPIC TOPA	A DATE OF OPERATION 198. CONDITION WAS PERFORM	ED PERATION	20 A. AUTOPSY? (Yes or No	OB. IF YES, WERE FIN IN CERTIFYING CAUS	ES OF DEATH?
U 21 A	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or obout 21C. WHERE DID	()f in Boltimore	City, give exact location)
	ATH (notify medical exominer)	etc.)			
	D. TIME (Month) (Doy) (Year) (Ho		21F. HOW DID INJ	URY OCCUR?	
2 (AF	PPROX.)	While At Not While Work At Work	e		
22.	Leartify that (1) (this hospital) atte	anded the deceased from	1/1M	10 66 40	1/10 106
	I certify that (1) (this hospital) atte	1/1/	2/ 10 /	- 1 /- 1 /- 1	1-1
the	of (I) (we) last saw the deceased all	ve an	and th	at In(my) (aur) apini	an death accurred on the
	d haur and fram the causes stated al	bave. (I) (We) (did) (did nat) v	riew the bady after death.		
23A	A. SIGNATURE	her was an	andino C AAnd C		3B, DATE SIGNED
6	poseum feather	Phy		Stoff Phys.	1/18/196
230	NAME (Type)		23D. ADDRESS		
	HOSSEIN GOI	LPIRA M.D.	TOURSE DOLOD	OF MARY!	AND
	URIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CR	EMATORY 24D. L		town, or county) 1Sto
	JAN 9 188	IOUR	IS HODKING A	AEDICAL SI	CHOOL
25A. D.	ATE REC'D BY HEALTH DEPT. 258	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
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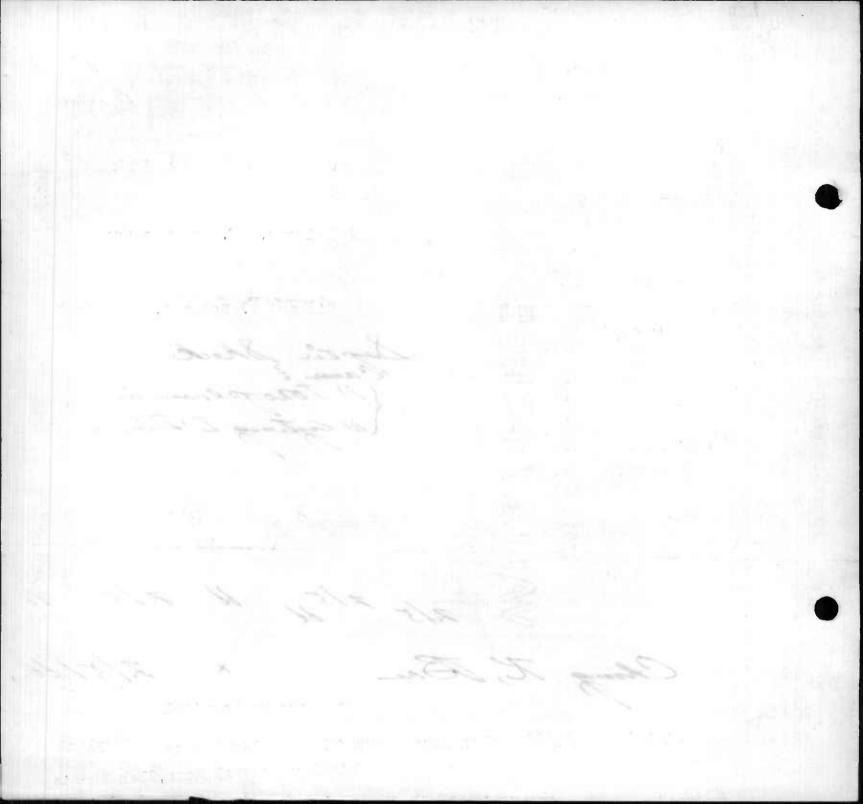
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This	sho	Was	dec	× L
	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributin	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributin shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined contributions.	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributin shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined contributions at a hospital (except where the physician who pronounced death was in regular a	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributin shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined control as D.O.A. at a hospital (except where the physician who pronounced death was in regular a deceased prior to death); and (6) No physician was in regular attendance on the deceased price

	1 () () () () () () () ()	Y HEALTH DEPARTMENT	0
	H NO. 9286 11422 CERTIFICA	ATE OF DEATH Registered No. 66 1142	2
1, N	AME OF DECEASED	2. DATE AND HOUR OF DEATH	2.4
	Asky Dennett	2.3.66 4	30
3. 1	LACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence bef A. STATE B. COUNTY	fore odmi
ſ	ULL NAME OF (II not in hospital or institution, give street	Maryland Ball	OF.
1	IOSPITAL OR address or location)	C. CITY OR JOWN (If outside city limits, write RURAL and give towns	ship)
11		D. STREET ADDRESS (If rural, give location)	7
7		4409 Scotia Road	00
5. S	male White 7. Married, NEVER MARRIED WIDOWED, DIVORCED (specify)		Under 2
tóA don	USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTI	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT	RY?
011	doning most of working me, even it remedy	Baltimore, Md. USA	
3.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Richard & Bount	Jan 4 10 and an	
	Vos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS	
(Ye:	,na arunknawn) (If yes, give war or dates of service) SECURITY Nd.	73.1.2.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	
	18. 7 / 0 // I CAUSE	Richard T. Bennett, same as	
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	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	Cause &	
	ANTECEDENT CAUSES (8)	(i) Toronolasmosis	
	DISEASES OR CONDITIONS, if any, giving		
	rise to the above cause (A) stating the (C)	III Cottoneg. I. Diego	
	UNDERLYING CONDITION last.		
z	II CONTRIBUTION		
10	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
CERTIFICATION	DISEASE OF CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDER	RED
RTE	2 / WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?	
CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, form, foctory, street,	in or about 21C. WHERE DID (If in altimore City, give exact loca	otion)
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	and hour and from the couses stated above. (1) (We) (did) (did not)	view the body ofter deoth.	
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	23C. PHYSICIAN'S	23D. ADDRESS	10
			10
24#	23C. PHYSICIAN'S NAME (Type) M.I	Bon Secours Hospital	(5
24	23C. PHYSICIAN'S NAME (Type) M.I. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24C. NAME of CEMETERY or C	Bon Secours Hospital REMATORY 24D. LOCATION (City, town, or county)	(5
	Burial 2/8/66 Glen Haven M. C. Burial 2/8/66	Bon Secours Hospital REMATORY 24D. LOCATION (City, town, or county)	
	23C. PHYSICIAN'S NAME (Type) M.I. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24C. NAME of CEMETERY or C	Bon Secours Hospital REMATORY 24D. LOCATION (City, town, or county)	ŋđ



66 01423	BALTIMORE CITY	HEALTH DEPARTMENT	66 01423
BIRTH NO.	CERTIFICA	TE OF DEATH Registered No.	
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(Type or Print)	UDUCU		7.50
VIRGINIA L T	HRUSH	2 7 66	institution: residence before admission
		A. STATE B. COUNTY	
FULL NAME OF (If not in hospital or in: HOSPITAL OR oddiess or location)	stitution, give street	MARYLAND	(10)
INSTITUTION ST AGNES H	JOSE LTAI	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
31 AGNES F	103PTTAL	D. STREET ADDRESS (If rurol, give location)	5400
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<u> </u>		502 CAMP MEADE ROA	D
FEMALE WHITE	MARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify) WIDOWED	9. 5 91 9. 5 91 9. AGE (In years lost bidthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10 B.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE		MARYLAND	WHAT COOKIET
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	
ALLE LANG			
WILLIAM Horner		ELLA ORAM Latham	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no oi unknown) (If yes, give wor oi dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		ST AGNES HOSP RECORDS	
18. 420 1 m 21	CAUSE O		INTERVAL BETWEEN
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injuly al camplication which caused deal		h let To to	
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O THE SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE DOLL	Mellitus	
DISEASE OR CONDITION CAUSING IT.	PIAGEIRS		
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORM	AED	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or about 21C. WHERE DID (If in Boltima ffice bldg., INJURY OCCUR?	ore City, give exact location)
DEATH (notify medical examine)	etc.)		
O 21D. TIME (Month) (Doy) (Year) (He	oul 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
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	Work At Work		
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that (I) (we) last saw the deceased al	ive an27	196.6and that in(my) (aur) as	pinian death accurred an the dat
and have and from the causes stated a	bave. (1) (We) (did) (did nat)	riew the bady after death.	
23A. SIGNATURE	111		23 B. DATE SIGNED
// // //	M.D. Atte	s. Med. Stoff Phys.	
23C.PHYSICIAN'S		23D. ADDRESS	
NAME (Type) E. WEISS	M,D,	CATON & WILKENS AVE.	BALTO MD
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR		
REMOVAL (Specify)	240 HANNE OF CEMETERS OF CRI	EMATORY 24D. LOCATION (C	City, town, or county) (State)
Burial 2/10/66		metery Cambridge	. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDKE22
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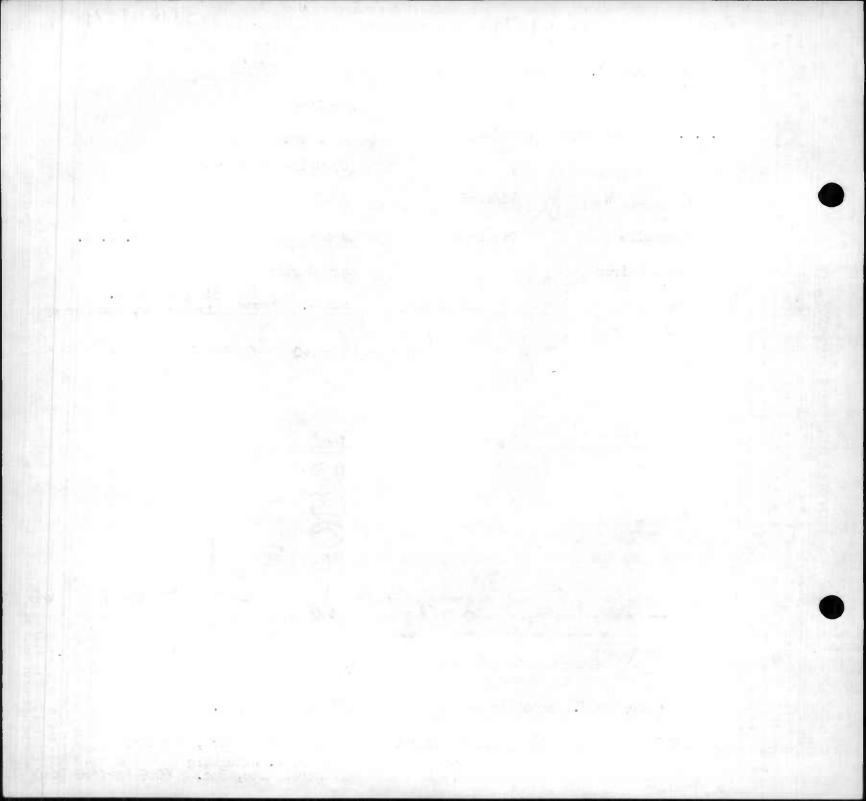
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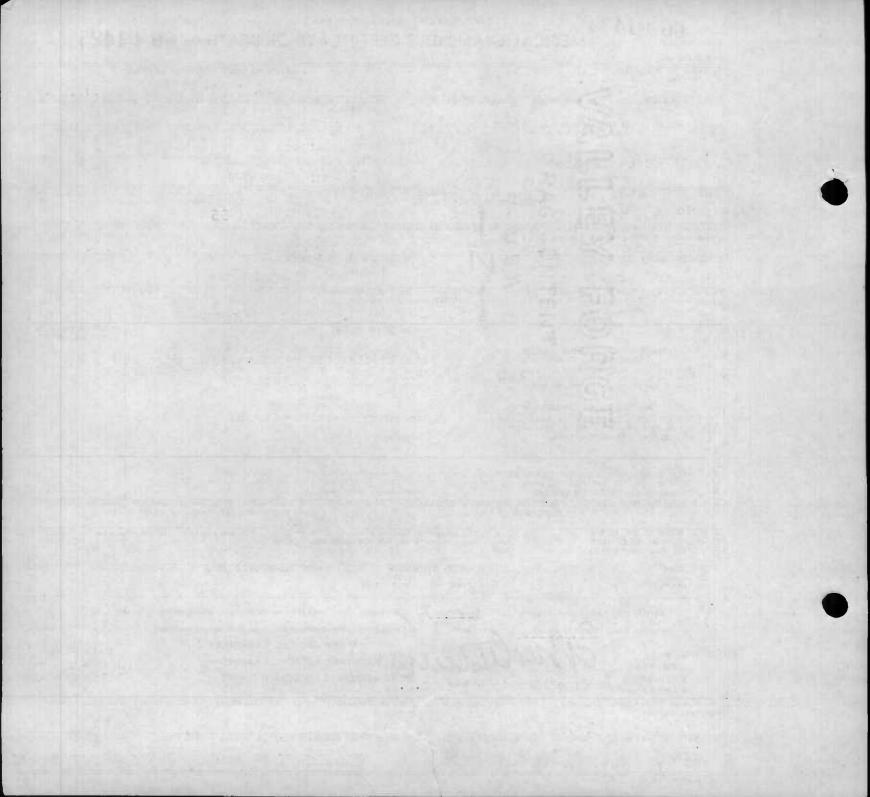
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				BALTIMORE CIT		Destanced M	66 01424	
	H NO.	66	01424	CERTIFICA	ATE OF DEATH	Registered N	10.	
1. N	AME OF DEC	EASED	F-19/11		2. DATE	AND HOUR OF DEA	тн	
	e or Print)	rite M. John	son	VIII VIII VIII VIII VIII VIII VIII VII	2	/7/66		
					A. STATE B. CO	here deceased lived.) UNIY	Of institution: residence before	odmis
H	ULL NAME CONSTITUTION	oddross or locati	l or institution, on)	givo stroet	c. city of town (II	outside city limits, wir	ite RURAL and give township)
0.0	A. Mar	yland Genera	l Hospit	tal	D. shaltimage	(If rurol, give location)		-
					509 Cathedr	al Street		
5. SI	F	6. RACE	WIDOWE	, NEVER MARRIED D, DIVORCED (specify) DWED	1/20/96	9. AGE (In yours lost birthdoy)	If Under 1 Yr.) I Under Months Doys Hours	
			ork 108, KIND OF	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or fe		12. CITIZEN OF WHAT COUNTRY?	
uone				1	0			
13. F	HOUSEN	nre	Own	home	Canada	AME	U.S.A.	
10 1	Joseph	Doiron Ever in U. S. Armed Fo	2000 2	1 6 social	Mary Martin		ADDRESS	
Yos	no or unknown	(If yos, give wer or do	tes of servico)	SECURITY NO.		51 Wv	colchem Rd	
	No			214 12 1565	Paul C. Joh	nson Shrew	sbury. New Jers	SPT
	1B. 4	20.11		CAUSE	OF DEATH		INTERVAL BET	WEEN
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		LEADING TO DEATH	1	70/0		A PROCE	CLE 1	il
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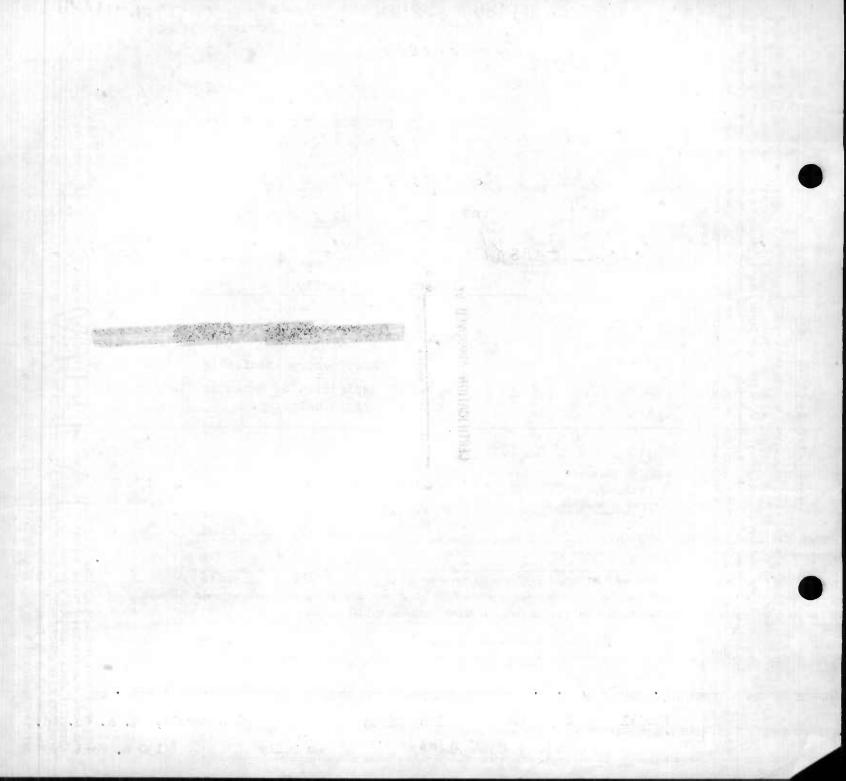
BIRTH NO.	MEDI	ICAL EX	AMINER'S C	ERTIFICAT	E OF I	DEATH Registe	ed No.11	425	
M.E. CASE NO	•								
1. NAME OF E	1.				2. DATE AN	D HOUR PRONOUNCE	ED DEAD		
2 01 4 65 141 0	GLENN FRANZ		WOOD DIAD	U. Harris Company	Feb	. 2, 1966		5:55	PM.
	ALTIMORE, MARYLAND, W			mar y	rand	deceased lived. If insti			
FULL NAME OF	F (IF NOT IN HOSPITA ADDRESS OR LOCA	(TION)	JHON, GIVE SIKEEL	C. CITY OR TOW Baltin		e corparate limits, write	RURAL and	d give tawnsh	nip)
?/	City Hospital			D. STREET ADDRE			-0/	3	
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	If Under	1 Yr. If Unde	1 24 Hrs.
male	white	Mar	pivorced(specify)	4/13/10		lost birthday) 55		Days Hours	Min.
	CUPATION (Give kind of work of working life, even if retired)				tote or foreig	in country)		COUNTRY?	
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13. FATHER'S N				14. MOTHER'S MA					
	ry Franz			Hattie	Penn:	ington			
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1B. //	0 0 /		CAUSE	OF DEATH				INTERVAL BE	TWEEN
Toisi	ASE OR CONDITION DI	DECTLY					1	ONSET AND	DEATH
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(This doe	s not meon the mode of ure, asthenia, etc. It means	dying, e.g., the disease,	DUE TO	••••••	******************			***************************************	
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DISEASE	S OR CONDITIONS, IF A	NY, GIVING	DUE TO	°	••••				00000000000
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O UTING C	GOR CONTRIB- AUSE OF DEATH.	etc.)	, farm, factory, street, a	ffice bldg., INJURY	OCCUR?				
E 21D TIME	(Month) (Day) (Year	r) (Hour) 2	IE. INJURY OCCURRED	21F. HO	W DID INJ	JRY OCCUR?			
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EXAM	UNIEDIC	Breiter	necker, M.D.	ASSOCIATE ME			2-	2-66	
23A. BURIAL C	REMATION, 23B. DATE	23	C. NAME OF CEMETERY	CREMATORY	23 D. L	OCATION (City,	fawn, or co	iunty) ((State)
REMOVAL (Spe		6	Pankuand C	amotor	D.	1 timoma N	/	and	
24A. DATE REC	2 2/7/6 PO BY HEALTH DEPT.	24B. NAME	Parkwood Ce	emetery 24C. FUNERA	L DIRECTOR	ltimore, M	Idryla	DDRESS	
EEB S	1966 Q. Cm	- 6	edwall.	Robert	. C. A	ltenburg-			rd R
VS 151-REV. 1				runera	T HOM	e, Inc.			1

Funeral Home, Inc.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

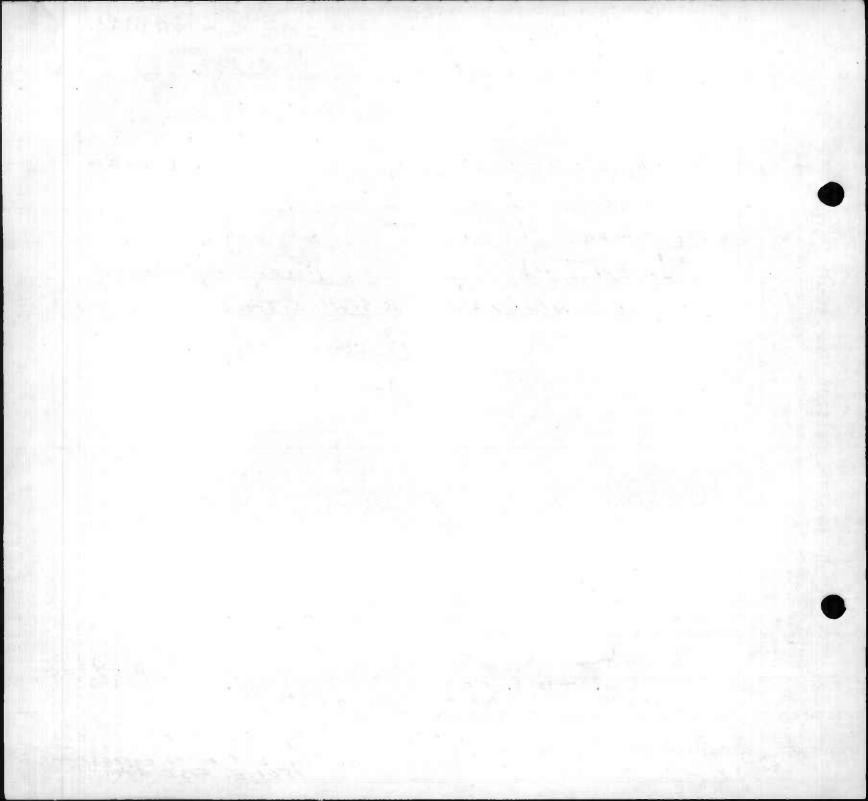
	11 20015	BALTIMORE CITY	HEALTH DEPARTMENT		10
M.I	TH NO. 66-019456 014	26 CERTIFICA	TE OF DEATH	Registered Na.	01426
1. N (Ty)	PO OF Print) Bashy Bo	y Gorski	/- 3	B/-66	14:10 P.M
	FULL NAME OF (If not in hospital or inst	•	A. STATE B. COUN		ion: rosiglence boloro odmission)
100	HOSPITAL OR oddioss of Jocotion)	notion, give stroot	C. CITY OR TOWN JUY out	side city limits, write RURA	L ond give township)
0	the Rilling no	eneral His	D. STREET ADDRESS OF	urol, give location)	1,10
5. 5	SEX 6. RACE 7. M.	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	P. AGE (in years ost birthday)	Under 1 Yr. If Under 24 Hrs. Nins Doys Hours Min,
	A. USUAL OCCUPATION (Give kind of work 10B, K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country) 12	CITIZEN OF WHAT COUNTRY?
		None	Balto.	ml.	USA
15.	Mas Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	14, MOTHERS MAIDEN NAM	Ann Bio	dinger
(Ye:	s,no orunknown) (If yes, give were a detect of se	section section no.	Family		Same
	18. 761,01	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
ATION	DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IBUTINES SE (C) bre	oiration of amni- eech delivery.	otic fluid fol	lowing
ERTIFIC/		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDING CAUSES YES	NGS CONSIDERED OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examine)	21 B. PLACE OF INJURY (e.g., ir homo, form, foctory, street, of otc.)	fice bldg., INJURY OCCUR?		, givo exect location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hou OF INJURY (APPROX.)	While AI Not While At Work	21F. HOW DID INJU	JRY OCCUR?	
F	22. I certify that #(this hospital) atte	1		966 10 /-	-3/ 1966
	that (## (we) last saw the deceased alivand haur and from the causes stated ab			rt in (aur) apinlan	death accurred an the date
	23A. SIGNATURE M. Behr		nding Med.	Stoff Phys. 23 B.	DATE SIGNED 2-1-66.
	23C. PHYSICIAM'S NAME (Type)		23D. ADDRESS		
244	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CRE	South Baltimore	General Hosp Cation (City, to	wn, or county) (Slote)
2S A		Glen Haven	2SC. FUNERAL DIRECTOR	en Burnie, A.	A. Co. Md.
VS	15 B 9 1966 Q.D. A- E	STOTAL PROMPT	Mc Cully	130 E	• Fort Ave



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

2002	MRTH NO. M.E. CASE NO. 66 01427 CERTIFICA	TE OF DEATH Registered No.	11427
deat ease n th Suc	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	. 1 0
h. 0 6.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institute A. STATE B. COUNTY	ion: residence before admission)
(5) and de	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or tocotion)	Maryland	3-03
cause; attend ior to	SINSTITUTION	Baltimore #	2/230
E- 5 4	South Baltimore General Hos	D. STREET ADDRESS (If furol, give locotion)	1 6+
tribu mine gular sed p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In yeors If lost birthday) Mo	Under 1 Yr. If Under 24 Hrs.
re re	10A. USUAL OCCUPATION Give kind of work 10B. KIND, OF BUSINESS OR INDUSTRY	11. SIRTHFLACE (State or foreign country) 12.	CITIZEN OF
or sinde	Brakeman Retired	Virginia	WHAT COUNTRY?
was was the isposit	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	: /
- 0 E O -	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT & VOP2/E	ADDRESS
T 512	Yes 2/6/33 To 10/28/37 223-16-8820	STella K. Troch 1700 S.	
fany nced enda d or f	DISEASE OR CONDITION DIRECTLY	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
ure of an oncunce r attend	LEADING TO DEATH (This does not mean the made of dying, e.g., DUE (TO	lee dang popula	3 mos.
act pr pr ula	hearl failure, asthenia, etc. II means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES (B)	OXOMIA	
Te A	DISEASES OR CONDITIONS, if any, giving	70f - f-3-75 - d-	
cal ex ns; (3) ician 'as in ains a	rise Ia lhe abave cause (A) slating the (C)UNDERLYING CONDITION last.		
H F S & E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
- > 0	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND!	NGS CONSIDERED
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID (II in Soltimore City	, give exact location)
ital No No be	OR CONTRIBUTING CAUSE OF home, form, foctory, street, o	fice bldg., INJURY OCCUR?	
hosp natur ept w d (6) ained	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not Whil		
any n (exce ; and	22. I certify that (this hospital) attended the deceased fram	11-18 1966 to	2-8 1966.
be to	and have and fram the causes stated above. (1) (We) (did) (did not)	19 6 and that in (aur) apinlan	death occurred an the date
ident of hospital o death)	23A STONATURE	23B.	DATE SIGNED
		ending Med. Stolf. Director Phys. 23D. ADDRESS South Balto. General H	2-9-66.
y was rel (1) An acc).A. at a l d prior to approval	NAKCISO A-DE BORNA M.D.	1213 LIGHT ST, BALTO, N	(D. 21230.
700-	24A. BURI'AL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI Buri2 2/11/66 321 Timore Nation		wn, or county) (State)
shows: was D.C decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		The mered Start tod
+ 0 > 0 >	FEB 9 1966 General E. Tarkey	1501 E. FORT A	212.



(4) Undetermined death direct or Was the IMPORTANT assistant eath uo kind; attendance any pronounce or his A SO, 0 fracture FUNERAL DIRECTOR: the chief medical examiner gular examiner. who 9 4 3 physician Was burns; physician Body 0 0 to the hospital by (2) ere °N any nature; why be approved by 9 (except and eath) shows: (1) An accident of hospital the body was released certificate must O 0 0 at

was D.O.

cause; (5) Deceased

Cu

ance

attend

regular

of death

COUSE

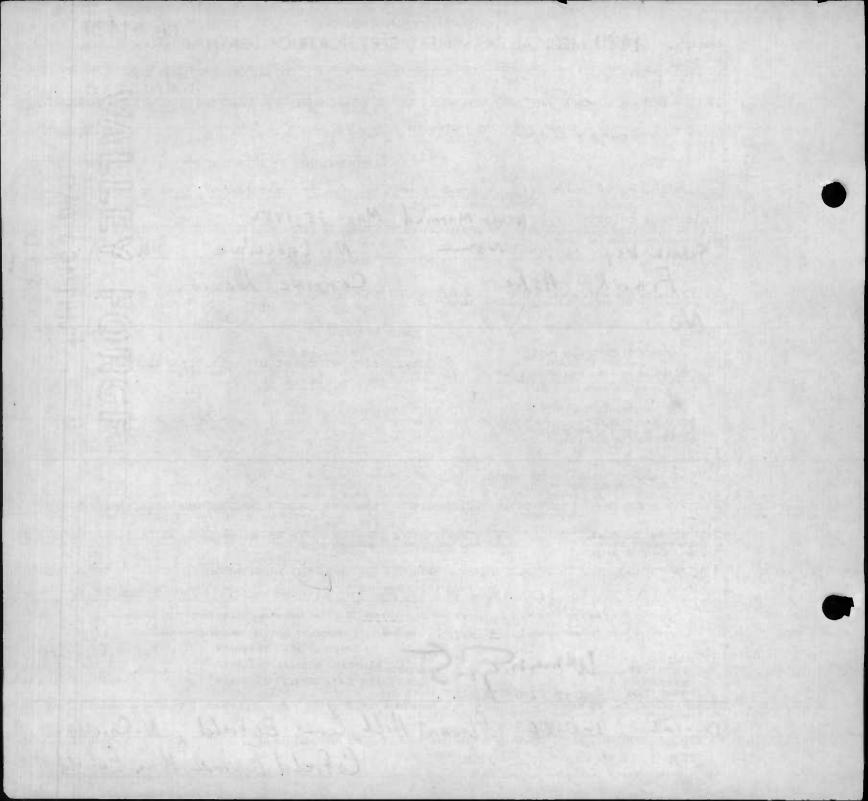
contributing occurred

hospital

=

CC 01/129 BALTIMORE CITY HEALTH DEPARTMENT

	00	1429 MED	ICAL EXAMINER'S	CERTIFICATE OF	DEATH Regis	stered No.
	CASE NO.	EASED		2. DATE	AND HOUR PRONOUN	ICED DEAD
(Type	or Print)	Darn	ell Ashe	LI BATE		31/66 , 6:00 p.
3. PL	ACE IN BALT		HERE PRONOUNCED DEAD	MA USUAL RESIDENCE (WI		nstitution: residence before admission
			THE PROPERTY OF THE PROPERTY O	A. STATE	B. C.	OUNTY
	NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET		yland Itside corporate limits, w	rite RURAL and give township)
INSTI	TUTION	7,00,000	,	7 1		919
				D. STREET ADDRESS (If r		101
5. SE		ns Hospital	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	rford Ave.	rs If Under 1 Yr, If Under 24 Hrs
J. 3E.		o. KACE	WIDOWED, DIVORCED(specify)	44	lost birthday)	Months Doys Hours Min.
ma	le	colored	Never Married	MAr. 28,19		
		JPATION (Give kind of wor.	NIOB KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
-	3 9 1		None	N. Car	oLine	Wis A:
13. FA	THER'S NAM	IE T		14. MOTHER'S MAIDEN N		- 0 11
	to	ank A	Iche	Corrine	Meris	
15. W	AS DECEASE	DEVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT	14770	ADDRESS
(Yes,	na or unknown	(If yes, give war ar date	s of service) SECURITY NO.			
	No					
13	F-01	24 17	CAU	SE OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION DI	RECTLY			
		LEADING TO DEATH	(A) Compr	ession of chest	with lacera	tion of
	heart failure,	not mean the made of osthenio, etc. It means application which caused	dying, e.g., DUE TO	heart		
CATION	DISEASES	NTECENDENT CAUSI OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST.	NY, GIVING DUE TO			
¥	OTHER SIGI	II NIFICANT CONDITIONS	CONTRIBUTING			
윤	TO THE	DEATH BUT NOT RE	LATED TO THE			
-			DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Yes	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
		L CAUSE WAS	218. PLACE OF INJURY (e.g.	, in ar about 21C. WHERE DI office bldg., INJURY OCCUR	2	give exact lacotion)
		OR CONTRIB-	hame, farm, factory, street,			/ / / .
T	in Title	(44 11) (5 1 (9	street (Hour) 21E (NJURY OCCURRED		th St. near	Hoffman St. 7-0
ć	TO TIME	(Manth) (Day) (Yeo			NJURY OCCUR?	
(APPROX.)	1 31 66 5	5:30p.m. WHILE AT NOT	WHILE X slipped	and fell un	der bus
1	22.	tify that I held an		utapsy 🖈 and that an	shin banin dansh in	a my galaiga
		•			this basis, death in	
	rosul	ted from: Natural ca	uses Accident X Suic	de Homicide	Undetermined man	nner
	ACTUAL	1 .11	- F	CHIEF MEDICAL		DATE SIGNED
	SIGNAT		My W.C.	D. ASSISTANT MEDICAL	EXAMINER X	
	EXAMIN		1/2	ASSOCIATE MEDICAL		2/1/66
	NAME (Type) Werner	U. Spitz, M.D.			
23A.	BURIAL CRE	MATION, 238 DATE	23C. NAME of CEMETERY	or CREMATORY 23	D. LOCATION (C	ity, tawn, or county) (State)
1	Jrin L		11 8/20 + 1	116 6	En. Eneld	N. Carchine
		BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL-DIREC	TOR -	ADDRESS .
	CONTENTS O	1000 0 0	F. F. Centra	10011	T	11 E/11
	FER 9	19hh	13 C. Ludenting	1/ . 1 / ./	1	Han Fullald N



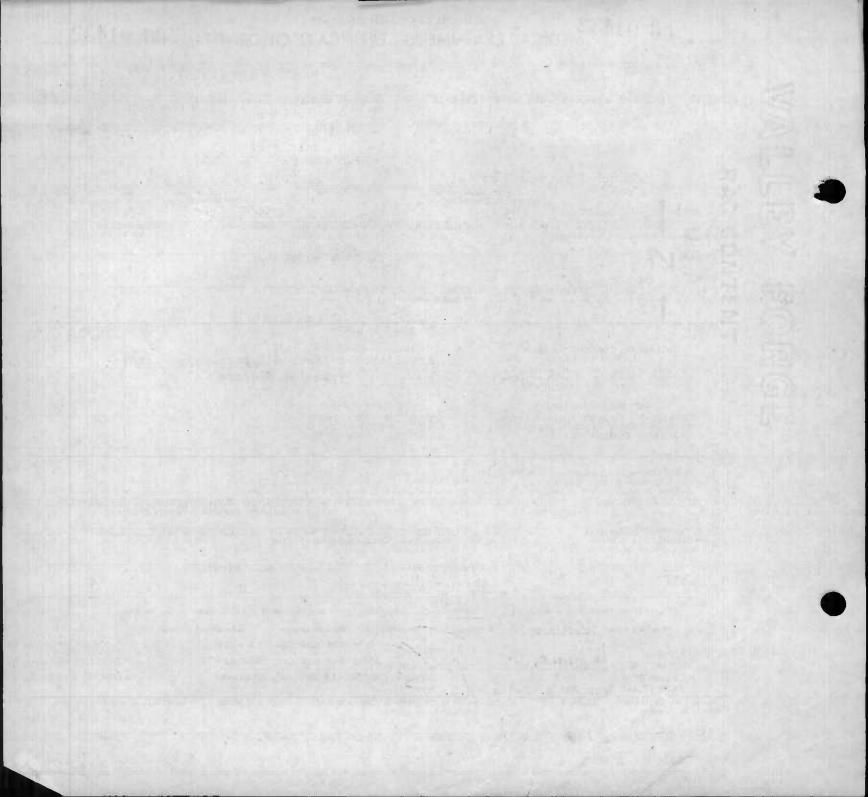
	66 0143	BALTIMORE CITY	HEALTH DEPARTMENT				
	TH NO.	CERTIFICA	TE OF DEATH	Registered No	01430		
1,1	E CASE NO. NAME OF DECEASED Pe or Print) AMAN AA	Finch	2. DATE AN	30. 1946	2 30 A.		
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whee	e deceased lived. If institu	tion: residence before admission)		
11	FULL NAME OF (If not in haspital or institut HOSPITAL OR oddress ar lacation)	lian, give street	C. CITY OR TOWN (III)	LANCE side city limits, write RUR	AL and give to nship)		
1	en N. Wach int	D. STREET ADDRESS (If rural, give location)					
5.	931 N. WAShington	931 N. WAShington ST.					
7	Emale Colored M	RIED, NEVER MARRIED DWED, DIVORCED (specify) ATTICAL	Se J. 10, 1898	tast birthday)* M	Under 1 Yr. If Under 24 His. anths Oays Haurs Min.		
1.1	LUSUAL OCCUPATION (Give kind of work 10 B. KIN the during most of working tife, even if retired)	D OF BUSINESS OK INDUSIKE	1 0	41 0	2. CITIZEN OF WHAT COUNTRY?		
12	Housewife	None	WAKE COUNTY	, N. CATILINE	U.S. A.		
13.	INAR Price		NAUSEA	rice			
15. (Ye	Was Deceased Ever in U. S. Armed Farces? s, na or unknawn lilt yes, give wor or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	7	ADORESS		
	No 215-14-5476		Needham t	inch	SAME		
	18. 443 X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	l. er	abol Jem	on hu. o	1 week		
	(This does not mean the made of dying, healt foilure, asthenia, etc. It means the disc		^	8			
	injuly or camplication which coused death.)						
	ANTECEDENT CAUSES	ON TO	permission	Discord			
	DISEASES OR CONDITIONS, if any, giving tise to the obave cause (A) sloting the (C)						
	UNDERLYING CONDITION lost.						
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO OISEASE OR CONDITION CAUSING IT.						
ERTIFICA	19A. DATE OF OPERATION 198. CONDITION I WAS PERFORMED	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?			
CAL CE	27 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natity medical examine)	21 B. PLACE OF INJURY (e.g., i hame, form, factory, street, a etc.)	thice bidg. INJURY OCCUR?	(It in Baltimare Ci	ty, give exact lacation)		
MEDI	OF INJURY While At Not While		21F. HOW DID INJ	URY OCCUR?			
	22. I certify that (1) (this hospital) attended the deceased from 2011 1 1957 to 1965						
	that (1) (we) last sow the deceased alive	0	19.66 and th	1	n death accurred an the dat		
	and hour and fram the causes stated above						
	23A. SIGNATURE				B. DATE SIGNED		
	t. K. Allu	M.O. Att	ending Med. Director	Staff Phys.	2-4-66		
	23C. PHYSIGIAN'S NAME (Type)		23D. ADDRESS	12011081			
2.0	L.K. HDAM	J M.D.	1	Traction of	7		
24	A. BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CR	2 1.	OCATION (City, 1	awn, ar county) (State)		
	A. DATE REC'D BY HEALTH DEPT. 258, NA	MEDF REGISTRAR	125C. FUNERAL DIRECTOR	Aurel	ADDRESS.		
123	FEB 9 1966 Q C 52.	AFG DOUBLE	E)		0 1		
VS	150-REV. 1/1/65	//	L'Arey .U.	Wilson 100	10 Braning		

	BALTIMORE CITY HEALTH DEPARTMENT						
BIR	IRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Register (No.)						
M.	E CASE NO.						
1. (Ty	NAME OF DECEASED Type or Print) ATTIE DIXON 2. DATE AND HOUR PRONOUNCED DEAD 1-29-66 2554						
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY B. COUNTY						
HC	LL NAME OF SPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN II outside corporate limits, write RURAL and give township)						
	Johns Heprins Hesp (D.O.A.) D. STREET ADDRESS (If buil, give locotion)						
5. 3							
104	USUAL OCCUPATION (Give kind of work) 08, KIND OF BUSINESS OR INDUSTRY (1). BIRTHPEACE Diote or foreign country) 12. CITIZEN OF						
	e during most of working life, even if retired) 130 WHAT COUNTRY? FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
3.	Charles W. Jones Martha Jones						
	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown) (If yes, give war or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS						
	18. 465 / I CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) ACUTE PULMENARY						
	LEADING TO DEATH (This does not meon the mode of dying e.g., heart foilure, osthenic, etc. It meons the disease, injury or complication which coused death.) (A) ACUTE PULMENARY DUE TO EMBOLISM						
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO						
-	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
ATIO	OVICE SCHOOL CONDITIONS CONTRIBUTING						
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
CER	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A, AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., etc.)						
Σ	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE						
(APPROX.) m. WHILE AT NOT WHILE AT WORK 22. I certify that I held on Inquiry Inspection Autopsy ond that an this basis, death in my opinion							
	resulted from: Notural causes 🔀 Accident 🗌 Suicide 🗌 Hamicide 🗌 Undetermined manner 🗌						
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED						
	EXAMINER'S R.S. FISHER ASSOCIATE MEDICAL EXAMINER 1/30/66						
	A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (Stote) MOYAL (Specify) Z-2-66 MT. A-burn Cem. Balto- Md.						
24	A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS ADDRESS						
L	FEB 9 1966 Q D & E. Fallen E. D. Wilson 1000 Brantley Mr.						

THE COUNTY PARTY The first stands of the stands

C-(00

BIR	RTH NO. 66	01432 MED		BALTIMORE CITY HEAL KAMINER'S C	TH DEPARTMENT ERTIFICATE O	F DEATH Regist	e66No.01432	
M.	E CASE NO.							
1. NAME OF DECEASED (Type or Print) Vernon Cuffey				fey	2. DATE AND HOUR PRONOUNCED DEAD 2/3/66 6:10 p.			
3.	PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOI	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY			
∥H∢	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	UTION, GIVE STREET		outside corporate limits, wi	ite RURAL and give township)	
6		Church Home	and Hos	nital	D. STREET ADDRESS (If	rurol, give locotion) E. Fairmount	Avo	
5.	SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years		
	male	colored	ma	DIVORCED (specily)	Opul 5-18	PST 19	Months Doys Hours Min.	
dor	A. USUAL OCC ne during most of	Working life even if retired)	108. KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAM				14. MOTHER'S MAIDEN I	NAME /	MAH	
	B	en Culley			annie	Cochon		
15.	WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		DDRESS	
	, 110 01 011K110W1	2	3 OI SCIVICE	217-05-7486	Metaria Con	1/11 2	Sand .	
	1B.			6-11	OF DEATH	7	INTERVAL BETWEEN	
	DISTA				/	* /	ONSET AND DEATH	
	DISEA	ASE OR CONDITION DI LEADING TO DEATH		Arteri	osclerotic and	hvnertensive	cardio-	
	(This does	not mean the mode of	dying, e.g.,	DUE TO	vascular		Caruio	
	injury or co	e, asthenia, etc. It means amplication which caused	death.)		Vasculat	disease	A-1. 10 (100) 1000	
7	DISEASES RISE TO TH UNDERLYI	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,						
Ó				(C)		•	•••••••••••••••	
ERTIFICATION	OTHER SIG	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
CERT		F OPERATION 198, CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208, IF YES, WERE FIN CERTIFYING CAL		
EDICAL	21A. EXTERNA UNDERLYING UTING CAL	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street, o	ffice bidg., INJURY OCCU	ID (If in Boltimore City, 1977)	give exact location)	
Σ		(Month) (Doy) (Yeor			WHILE	INJURY OCCUR?		
	m. WORK AT WORK							
1	I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion							
	resu	resulted from: Natural couses X Accident Suicide Hamicide Undetermined monner						
	ACTUA		e 14.	5.1	CHIEF MEDICAL		DATE SIGNED	
	SIGNAT	NER'S	500	M.D.	ASSISTANT MEDICAL		2/4/66	
03	NAME (
	MOVAL (Special		66	hat a lease	CREMATORY 23	BD. LOCATION (Cit	y, town, or county) (State)	
24	A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERAL DIREC	CTOR /	ADDRESS	
	FEB S	1966	5.32.	Teller M.B	Polipe Max	Islan 100	& Buntasks	
=	161-DEV 1/1	***	4		The Contract of the		7,0	



	00 01	100	Y HEALTH DEPARTMENT	Registered N&6	01433
M.E. CASE NO. 1, NAME OF DEC	66 01		ATE OF DEATH	Registered No.212	
(Type or Print)	Joseph	hine Tydings	Te	-13 9.156	61 8-50 P.
3. PLACE OF DEA	ATH IN BALTIMORE, MARY	AND	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If institu	tian: residence befare admission
FULL NAME O	F (If not in hospital ar address or location)	institution, give street	mol		
INSTITUTION	43	own. Home.	C. CITY OR TOWN (If ouls	ide city limits, write RUR	AL and give township)
	808	St. Paul St.	D. STREET ADDRESS (If ru	ural, give location)	
		Balt, Md	526. Schwer	uft s	Sch RecdeR Y
S. SEX	6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) widowed			Under 1 Yr. If Under 24 Hrs anths Days Haurs Min.
	UPATION (Give kind of work 10	B. KIND OF BUSINESS OR INDUSTR		n country) 1:	2. CITIZEN OF
ane during most of t	working life, even if retired)		Danne !	mo	WHAT COUNTRY?
3. FATHER'S NAM	ME		14. MOTHER'S MAIDEN NAM	E .	MAR
Got	u H. Dan	í	may Lyn	u	
5. Was Deceased Yes, no or unknown	Ever in U. S. Armed Forces	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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18.24. 2	211	CAUSE	OF DEATH		INTERVAL BETWEEN
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	OR CONDITIONS, if any a above couse (A) si	A	Quality		
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TO THE D	FICANT CONDITIONS COL EATH BUT NOT RELATE CONDITION CAUSING IT.			•	
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OR CONTRIBU	NT WAS UNDERLYING DITING CAUSE OF medical examiner	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore Cit	ly, give exact location)
21 D. TIME OF INJURY	(Month) (Doy) (Year) (Hour 21E INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
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23A. SIGNATU		l obove. (I) (We) (did) (did not)	view the body offer death.	122	B. DATE SIGNED
luit	and Ces	exilectomo. A	lending Med. S	Stoff Phys.	2/5/66
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REMOVAL		24C. NAME of CEMETERY OF CI	REMATORY 24D. LO	CATION (City, I	awn, or county) (State)
Buio	n n 1 1 1	6 Baltonal	but B	allo mo	0
SA. DATE REC'D	BY HEALTH DEPT. 25	B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR		ADDRESS

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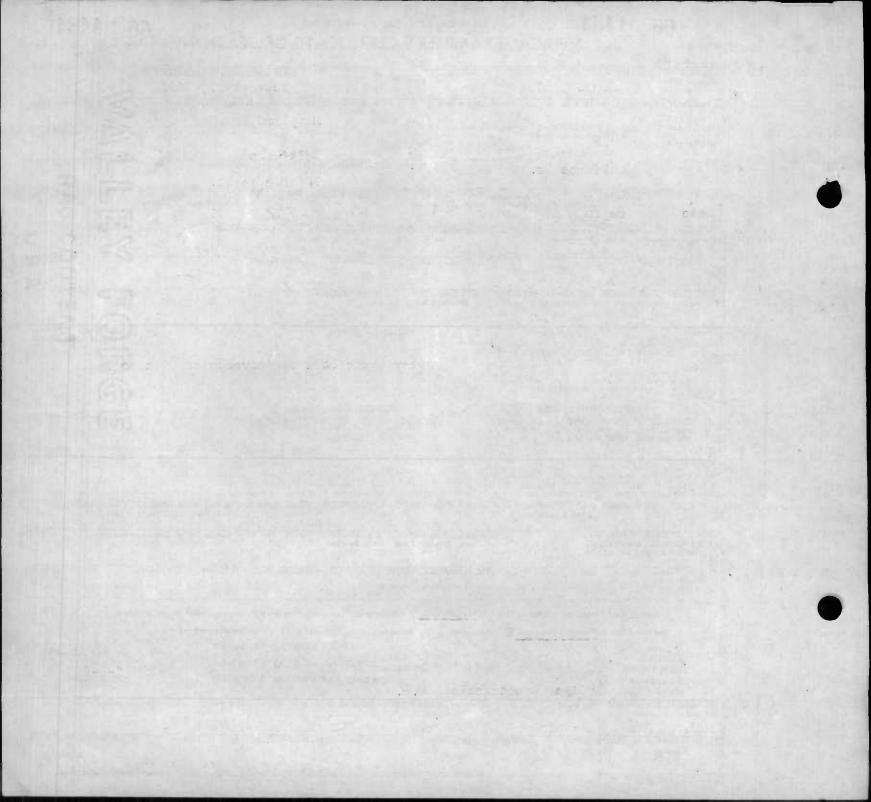
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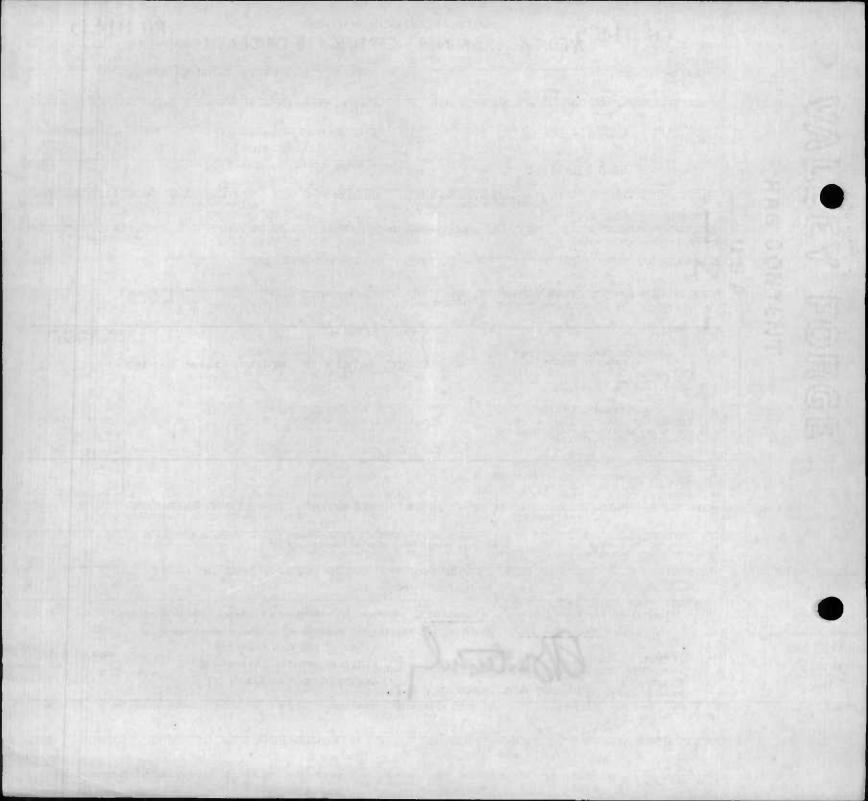
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ASSOCIATE MEDICAL EXAMINER EXAMINER'S Rudiger Breitenecker, M.I NAME (Type) 23A, BURIAL CREMATION. 23B. DATE 23C. NAME OF CEMETERY OF CREMATORY 23 D. LOCATION (City, town or county) (Stote) REMOVAL (Specify) Dunca 248, NAME OF REGISTRAR 24C FUNERAL DIRECTOR ADDRESS 1000 Brantlefer VS 151-REV. 1/1/65



VS 151-REV. 1/1/65



45-50-33

BALTIMORE CITY HEALTH DEPARTMENT Registered NGG 01436 66 01436 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Dels MADELINE GREEN 4. USUAL RESIDENCE (Where deceaded lived 3. PLACE OF DEATH IN BALTIMORE, MARYLAND institution: residence before admission) B. COUNTY MARYLAND (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION BALTIMORE CITY HOSPITALS BALTIMORE 4940 EASTERN AVENUE D. STREET ADDRESS (If rurol, give location) BALTIMORE, MD. 21224 CHAPEL ST. 418 N. 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 5. SEX 6. RACE WIDOWED, DIVORCED (specify) lost birthdoy) Hours 12-27-04 67 FEMALE NEGRO NEVER MARRIED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. NORTH CAROLINA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES CREEN
15, Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wo, or dotes of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. BCH 4940 EASTERN AVE. # RECORDS: INTERVAL BETWEEN CAUSE OF DEATH ONSEMAND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused deoth, ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, stating the rise to the above cause (A) UNDERLYING CONDITION last. П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes on No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID 2TA. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examine) elc.) 21 D. TIME 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) OF INJURY Not While While At 1 (APPROX) Work At Work 22. I certify that (1) (this hospital) attended the deceased from Dage that (1) (we) last saw the deceased alive an... and that in(my) (our) aplnian death accurred an the date and have and from the causes stated abo. (1) (We) (did) (did not) view the bady after death. 23A. SIGN ATURE 238, DATE SIGNED Attending M.D. Med. Phy s. Director approval 23 D. ADDRESS 23G-PHY TCIAN'S NAME (Type) M.D.

4940 EASTERN CREMATORY

town, or county)

AVENUE 24D. LOCATION

(Stote)

GREGG 24A. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY REMOVAL (Specify 25B. NAME OF

REGISTRAR

FUNERAL DIRECTOR

ADDRESS

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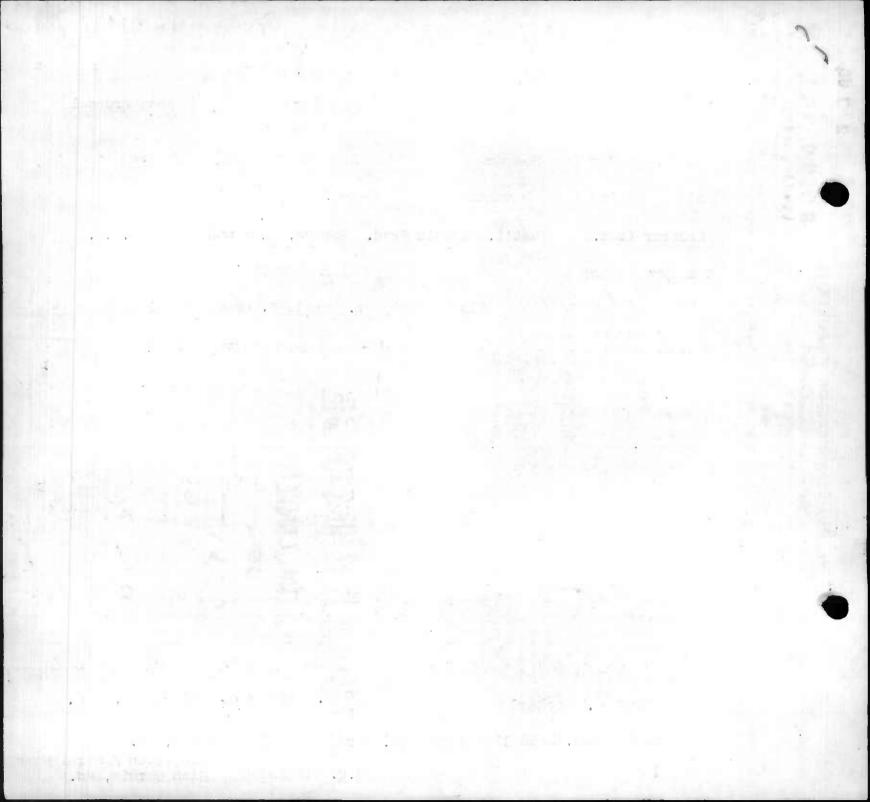
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UNDERLYING CONDITION lost. Content significant conditions Contributing to the Death But not related to the Disease or Condition Causino it. Content of Operation 198. Condition for which operation 198. PLACE OF INJURY (e.g., in or obout 21C. Where DID in Certifying Causes of Death (notify medical examiner) 198. Death (in Bolhimore City, give exact locohon) 198. Death (in Bolhimo	DISEASE	S OR CONDITIONS, if	ony, giving		•	waske
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING home, form, foctory, street, office bidg, INJURY OCCUR? DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Haur) 21E. INJURY OCCURRED While AI Not While AI Work AI Work 21F. HOW DID INJURY OCCUR? While AI Work AI Work 23A. SIGNATURE A. BURINAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY A. BURINAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, Iown, or county) (State) (State)			stating the (C)	warm neg >	epous	weeks
The Death But not related to the Disease or conditions contributing to the Disease or condition causing it. 19A. Date of operation 198. condition for which operation 20A. Autopsyl (Yes or No.) 208. If yes, were findings considered in certifying causes of death? 21A. Accident was underlying cause of death? 21A. Accident was underlying cause of death? 21B. Place of Injury (e.g., in or obout 21C. where DID (If in Bolhimore City, give exoct locohon) home, form, foctory, street, office bidg, injury occur? 21D. Time (Month) (Doy) (Year) (Hour) 21E. Injury occurred with the decay of the dec	UNDEKL	TING CONDITION IOSI,		0	4	
199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 221. TIME (APPROX.) 222. I certify that (I) this hospital attended the deceased fram 19 0 10 10 10 10 10 10 10 10 10 10 10 10 1	-					
199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 221. TIME (APPROX.) 222. I certify that (I) this hospital attended the deceased fram 19 0 10 10 10 10 10 10 10 10 10 10 10 10 1	OTHER S			1- 11-		1
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DID. TIME (Month) (Doy) (Year) (Hour) While At Not While Director 19	DISEASE	OR CONDITION CAUSING	IT. 7000	mod cy To f	ma	1 was
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DID INJURY OCCUR? DIFF. HOW DID INJURY OCC	U 19A. DAT	E OF OPERATION 198. COL	NDITION FOR WHICH OPERATION			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DID. TIME (Month) (Doy) (Year) (Hour) While At Not While Director 19	日マン	, , , , , , , , , , , , , , , , , , , ,		TES	CERTIFICATION CAUSE.	NO
DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work A I Work At		IDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Baltimore Cit	ty, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? 21D. TIME (Approx.) While At While At Work At Wor				Since bidg., INJURY OCCUR:		
While At Work 22. I certify that (II) this hospital attended the deceased fram 1.2. In that (II) we last sow the deceased alive an 1.4. Attending and hour and fram the causes stated abave (II) (We) (did) (did nat) view the bady after death. 23. SIGNATURE M.D. Attending Med. Director Phys. 230. ADDRESS NAME (Type) Barry 5. Zacherle M.D. 550 N. Broadway Baltimore, Md. 44. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)	O		(1)	015 110111 -101111111	0.00000	
22. I certify that (I) this hospital attended the deceased fram. 12. 19 65 to 5.95 am 24. 19 that (II) (we) last sow the deceased alive an 5.4 am 1.7 19 and that (my) (aur) apinlan death accurred an the dot and hour and fram the causes stated abave. (I) (We) (did) (dld nat) view the bady after death. 234. SIGNATURE 236. PHYSICIANS NAME (Type) Barry 3. Zacherle M.D. 550 N. Broadway Baltimore, Md. 44. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)	OF INJUI				OCCUR?	
22. I certify that (II) this hospital attended the deceased from 19 5 to 8 45 and 19 that (II) we) last sow the deceased alive an 8 14 and 19 6 and that (Imy) (aur) apinlan death accurred an the dot and hour and from the causes stated abave (II) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE Attending Med. Director Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) Barry 8. Zacherle M.D. 550 N. Broadway Baltimore, Md. 4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)	< (APPROX.					
that (II) we) last sow the deceased alive an S. 14. and J. 7. 19. and that ((my)) (aur) apinion death accurred an the dot and hour and from the causes stated abave (II) (We) (did) (did not) view the bady after death. 23A. SIGNATURE Attending Med. Director Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) Barry 5. Zacherle M.D. 550 N. Broadway Baltimore, Md. 4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)	22 1	sifu shar III Yshir harnisa		100	1. C. 8:45ay	N 2/ 7 10 66
and hour and fram the causes stated abave (II) (Wes (did) (did nat) view the bady after death. 234. SIGNATURE M.D. Attending Med. Director Phys. 230. ADDRESS NAME (Type) Barry J. Zacherle M.D. 550 N. Broadway Baltimore, Md. 44. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, of county) (Stote)					Charles 10 Sharran	
23C. PHYSICIANS NAME (Type) Barry 5. Zacherle 4A. BURIAL CREMATION, 24B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. ADDRESS M.D. 550 N. Broadway Baltimore, Md. 24D. Location (City, town, or county) (Stote)	that (1)	we) last sow the deceas	ed alive an O 173 WVV	and that ((my) (aur) apinlar	n death accurred an the dot
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Barry J. Zacherle M.D. 550 N. Broadway Baltimore, Md. AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county) (Stote)	23C. PHYS	ICIAN'S	XILL OUT TO		. 13	1 1 6 6
4A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lown, or county) (Stote)	NAM	AE (Type)			- D-211	363
4A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lown, or county) (State)		Barry J. Zac	cherle M.D.	DOO N. Broadas	y baltim	ore, Md.
REMOVAL (Specify)		CREMATION, 248. DATE		REMATORY 24D. LOCA	TION (City, I	own, or county) (State)
Burlat Feb.10/66 Glen Haven Mem. Park Glen Burnie, Md.			166			
					n Burnie, M	
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Singleton Funeral Home	25A. DATE RI	C'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Single	ton Funeral Home

R.V.

Singleton

Glen Burnie, Md.



BIRTH NO.

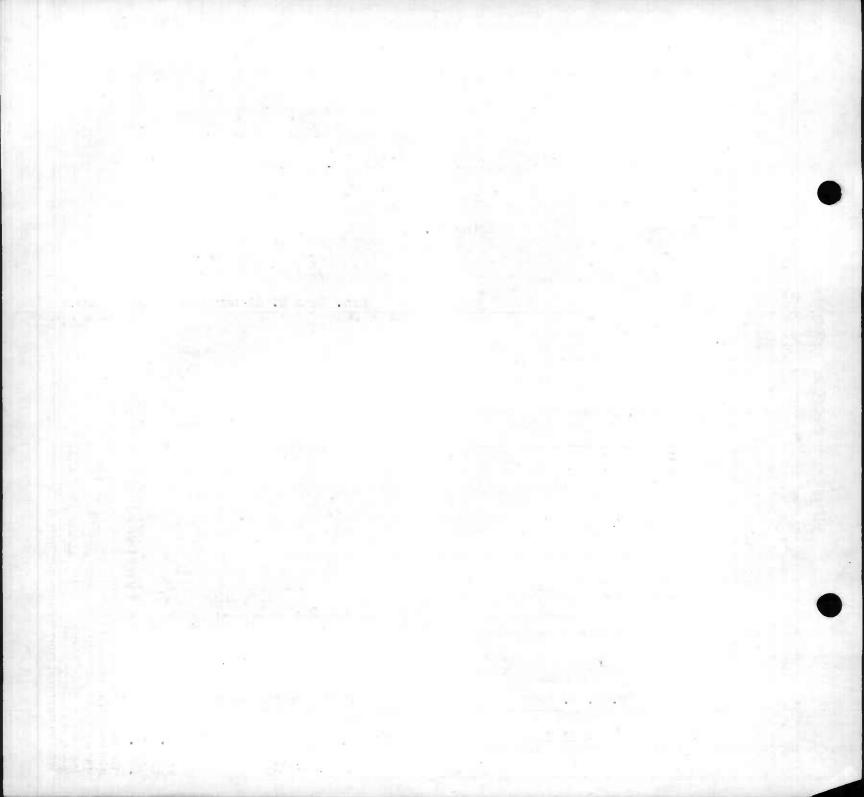
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. (CASE NO.							
	ME OF DEC	EASED			2.	DATE AND	HOUR PRONOUNC	
			ell E. K				2/8/66	9:15 a. M.
FULL	TAL OR	MORE MARYLAND, WI	OR INSTITU	IENDED	Bal:	timore		itution: residence before odmission) Proposition of the state of the
0					D. STREET ADDRES	Mar s (If rurol,	yland give locotion)	0 0 31
		5239 Fairlay				39 Fai	rlawn Ave.	
5. SEX		6. RACE	7. MARRIED, I	NEVER MARRIED IVORCED(specify)	B. DATE OF BIRTH		9. AGE (In years lost birthday)	Months, Doys, Hours, Min.
ma	1e	white	Sine	ele	Sept 16.	1917	48	
toA. U	SUAL OCCI	White JPATION (Give kind of work vorking life, even if retired)	108 KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (STO	te or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
GOILE G	Labor			?	Marylan	d		U.S.
13. FA	THER'S NAM	I.E			14. MOTHER'S MAIL			
	.Tan	es Kane			Martha	Meel	CS.	
	S DECEASE	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
res, n			2 OL ZELAICEL	?	Contraide	Bower	3519 Rue	ena Vista Ave
18.	no	no	0.25		OF DEATH	DOWCI	1.)) 1 / 1 / 1	INTERVAL BETWEEN
	(This does of heart failure, injury or con	SE OR CONDITION DIST LEADING TO DEATH not meen the mode of osthenio, etc. It meons application which coused of ANTECENDENT CAUSE OR CONDITIONS, IF A	dying, e.g., the discose. death.)	(A) Arterio	osclerotic	cardio	vascular di	Sease
NO -		E ABOVE CAUSE (A) ST	ATING THE	(C)				
ERTIFICATION	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING	ATED TO TH		Ethylism			
CER. 19	A. DATE OF	OPERATION 198, CON WAS PER!		HICH OPERATION	20A. AUTOPSY? (Y		20B. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
DIO.	NDERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. P home, etc.)	LACE OF INJURY (e.g., lorm, foctory, street,	in or obout 21C, WH olfice bldg., INJURY O	CCUR?	II in Boltimore City, gi	ve exact location)
OF	D TIME F INJURY (PPROX.)	(Month) (Doy) (Yeor		E. INJURY OCCURRED HILE AT NOT AT W	WHILE	DID INJU	RY OCCUR?	
22		ify that I held an I	nquiry 🗌			hat an thi	s basis, death in n	ny apinian
	resul	ted fram: Natural cau	Ises X A	ccident 🗌 Suicid	le Hamicide		ndetermined mann	er 🗌
	ACTUAL SIGNAT EXAMIN NAME (URE //	U. Spit		CHIEF MED ASSISTANT MED ASSOCIATE MED	ICAL EX	AMINER	DATE SIGNED 2/8/66
	BURIAL CRE		230	NAME OF CEMETERY	or CREMATORY	23D. LC	CATION (City,	, town, or county) (State)
B 24A. C	urial	2/11/ BY HEALTH DEPT. 1 0 1966 Q.	24B, NAME	Woodlawn of registrar	Lustin	Wo DIRECTOR	Jonovan	address -3818 Pland Wee

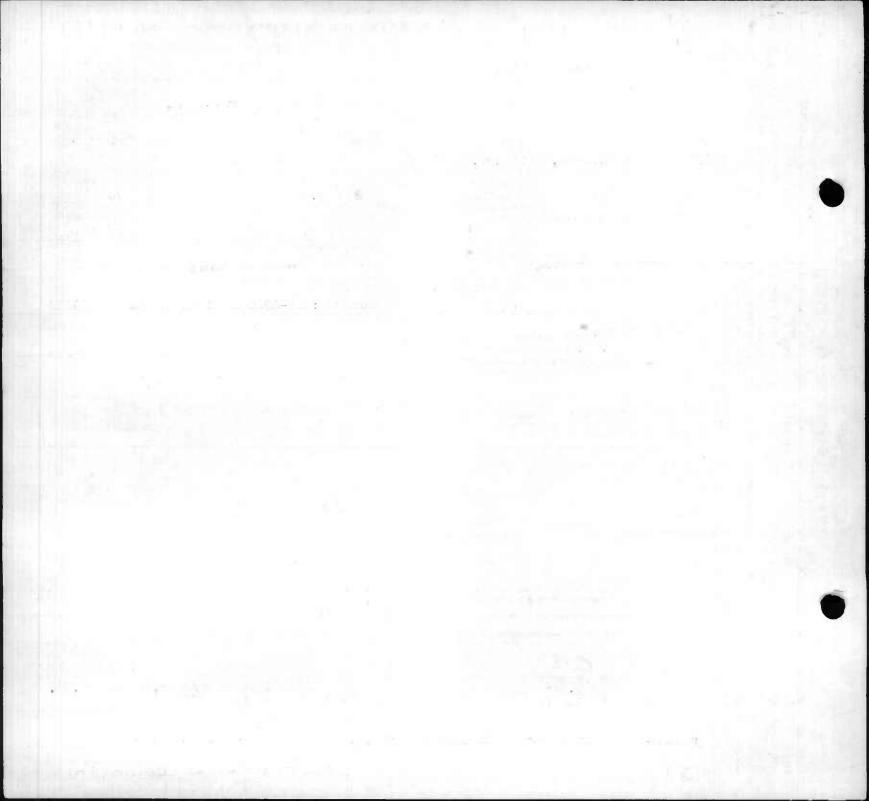
Letter from M.E.'s office 3-22-66 M.H.

FUNERAL DIRECTOR: IMPORTANT This certificate must be approved by the chief medical examiner or his assistant if death	the body was released to the hospital by a medical examiner. Also, if the direct or co	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undete	This certificate must be approved by the chief medical examiner or his assistant if death the body was released to the hospital by a medical examiner. Also, if the direct or co shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undete was D.O.A. at a hospital (except where the physician who pronounced death was in redeceased prior to death); and (6) No physician was in regular attendance on the dece
the body was released to the hospital by a medical examiner. Also, if the direct or co shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undete	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undete		was D.O.A. at a hospital (except where the physician who pronounced death was in r
the body was released to the hospital by a medical examiner. Also, if the direct or co shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undete was D.O.A. at a hospital (except where the physician who pronounced death was in r	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undete was D.O.A. at a hospital (except where the physician who pronounced death was in r	was D.O.A. at a hospital (except where the physician who pronounced death was in r	deceased prior to death); and (6) No physician was in regular attendance on the dece
the body was released to the hospital by a medical examiner. Also, if the direct or co shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetewas D.O.A. at a hospital (except where the physician who pronounced death was in requesed prior to death); and (6) No physician was in regular attendance on the dece	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undete was D.O.A. at a hospital (except where the physician who pronounced death was in redeceased prior to death); and (6) No physician was in regular attendance on the dece	was D.O.A. at a hospital (except where the physician who pronounced death was in r deceased prior to death); and (6) No physician was in regular attendance on the dece	written approval must be obtained before the remains are embalmed or final disposition

(2)	BALTIMORE CITY HEALTH DEPARTMENT	
D-00-	CENTILICATE OF DEATH	stered No.6 ()1439
an ase th th Suc	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR	OF DEATH
of dea Of dea Decease e on t	(Type or Print) William H. Michardson 2-	8-66 16:30A-M
of of De De ath	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceose A. STATE B. COUNTY	ed lived. If institution: residence before admission)
hospitse of (5) De ance death	FULL NAME OF (If not in hospital or institution, give street) Many land of Many	4-1-04
	HOSPITAL OR oddress or locotion) C. CITY OR TOWN (II outside city)	limits, write RURAL and give township)
E 34 L /	D. STREET ADDRESS (III rulo), give	PE 2/2 30
D.E	South Baltimare General Hass 1/34 looks	is SI
ntribut rmined egular ased p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (I	
ntri rmi egu asec	MILLIPE WIDOWED, DIVORCED (specify) 9-217-1912 lost birthd	oyl Months Doys Hours Min.
red resistant	10% USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country	
in in	done during most of working lite, even if retired) Laborer Bedding Co. Many II	WHAT COUNTRY?
de La Sitis	13. FATHERS NAME 14. MOTHERS MAIDEN NAME	Cha.
if contract (4) (4) the spoor	[[] [] [] [] [] [] [] [] [] [
dig di di	15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
istan he d kind; deatl ce or nal d	(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. No Mrs. Reba D. Richar	dson Same
ass if t ny ny ed dan or fi	18. ZZ 7 / I CAUSE OF DEATH	INTERVAL BETWEEN
N DUE	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
Also, e of noun attended	LEADING TO DEATH (A) Congestive Heart &	where
F . D O F B	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
ner act pr ula	injury or complication which coused death.)	1 week.
A fr A fr A fr	ANTECEDENT CAUSES (8) CONTROL TO DUE TO	
exeexa 3) A	DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stoting the (C) ASCUI) - Posselle	MI
la!	UNDERLYING CONDITION lost.	
dica lica rrns sic sic was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
by by bhy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Burnhof neum	one .
ici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSYTY'S or No. 20B. IF	YES, WERE FINDINGS CONSIDERED
Ch H + H H y S		
the alb (2) (2) ere o pl	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (f) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bidg., INJURY OCCUR?	f in Boltimore City, give exoct location)
NA NA		
pt ppt (6)	S OF INJURY	CU R?
מססם ב	Work At Work	
	22. I certify that (\$\psi(\text{this hospital}) ottended the deceased from \(\frac{1}{28} \) 19 66 and that in (\$\psi(\text{we})\$) last sow the deceased alive on \(\frac{2}{28} \) 19 66 and that in (\$\psi(\text{we})\$)	
= 0 - 0) (our) apinion deoth occurred an the dote
ased to dent of ospital death) must be	ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.	
must eleas rcide hos to de al mu		23B, DATE SIGNED
	Phys. Director Phys.	2-8-66-
	NAME (Type)	
	Dr. A. A. Frey M.D. South Baltimore G	
ody Sed	REMOVAL (Specify)	
s ce bows: s D.	Burial 2 11 1966 Loudon Park 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	Balto, Md.
This certif the body shows: (1) was D.O.A deceased written ap	FFB 1 0 1966 0 0 4 C Zo 0 4 Mc Cully	
	VS 150-REV. 1/1/65	130 E. Fort Ave

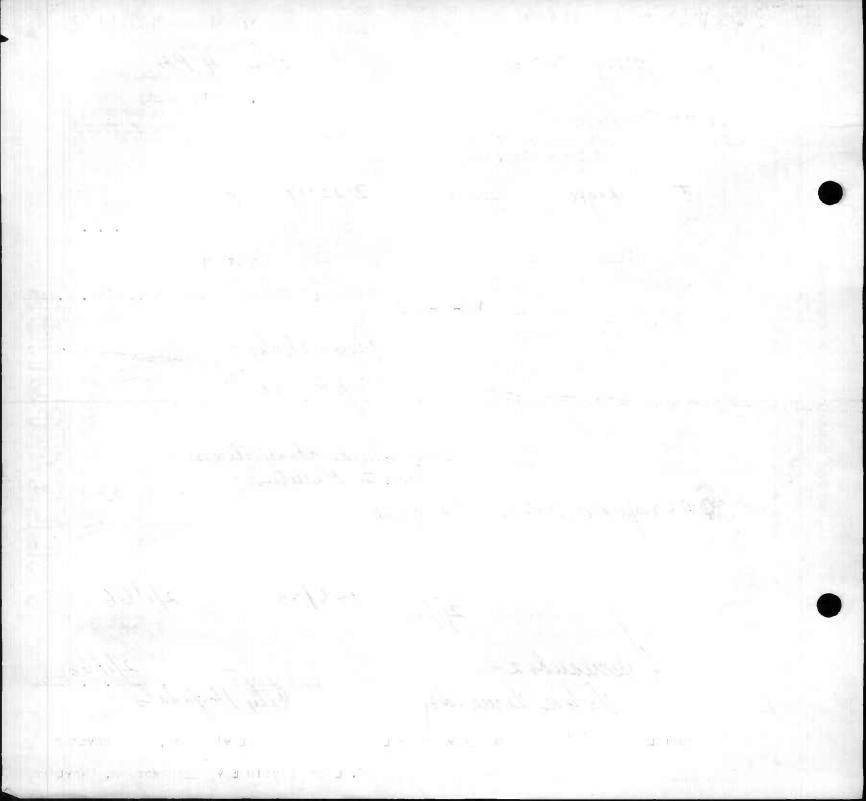


	1/21	ade mid	,	BALTIMORE CITY	HEALTH DE	PARTMENT	1		
BIRTH	NO. Harfe	nd Co., md 66 0140	10	CERTIFICA	TE OF	DEATH	Registered No	· CG ()1440	
(Type	or Print)	heordana R	iffey			2/	D HOUR OF DEAT	10 45	A . M
FU HO INS	LL NAME OF DESPITAL OR STITUTION	(If not in hospital and address or location	or institution, gr		A. STATE Mary C. CITY OR Chr	land TOWN (If out	HARFOR	Tinstitution: residence before o	dmission)
5. SEX	6.		7. MARRIED, N	PEVER MARRIED DIVORCED (specify)	B. DATE OF	BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under Months Doys Hours	er 24 Hrs.
		ATION (Give kind of work king life, even if retired)		MWYN BUSINESS OR INDUSTRY	9 / 2.1		gn country)	12. CITIZEN OF WHAT COUNTRY?	
		urt Riffe.	/			rs maiden nan Minni			
		er in U.S. Armed Ford yes, give wor or dote:	s of service)	6. SOCIAL SECURITY NO.			O Eastern		
h	DISEASE LE This daes nat reart failure, as	OR CONDITION DIR ADING TO DEATH mean the made of thenia, etc. It means ication which coused	dying, e.g., the disease,	(A)	Menin	sitis		interval betwonset and de	
ri	DISEASES OR ise to the JNDERLYING	CONDITIONS, if above cause (A) CONDITION last.	stating the	(C)					
\[\]		TH BUT NOT RELA ONDITION CAUSING I PERATION 198, CON WAS PERF	T. DITION FOR W	HICH OPERATION	20A. AUT	OPSY? (Yes or No	20B. IF YES, WEF IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
7 0	TA. ACCIDENT OR CONTRIBUTI DEATH (notify m	WAS UNDERLYING NG CAUSE OF	21 B. F home etc.)	PLACE OF INJURY(e.g., i , form, foctory, street, o	n or obout 210 ffice bldg., INJ	O. WHERE DID		nore City, give exact location)	
VEDI	ID. TIME (I OF INJURY APPROX.)	Month) (Doy) (Year)		INJURY OCCURRED Port While At Work	e	. HOW DID INJ	URY OCCUR?		
11	hot (I) (we) I	ot (I) (this hospitol est sow the deceose from the couses stat	d olive on	We (did) (did not)	Fcb 19 G	6 ond the	19 <u>66</u> to of in(my) (our) c	Feb. 6 19	the dot
23	3A. SIGNATURE	C. Smith		M.D. Atte	ending	Med. Director	Stoff Phys.	2/2/66	
24A.	NAME (Type	re B. Smit	24C. NA	M.D.	Ba 17	4940 EB	stern Aven	Que, Baltimore, Md	(Stote)
-	BURING	ecify)	258. NAME OF	SLATE R	IDGE	VERAL DIRECTOR	DELTA		(31016)
VS-15	FR 101	966 025	E Fail	cyM.D.	Joh	- H. H	ariena,	DELTA, PA.	



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEAT	H Register 66 01441
M.E CASE NO.	The state of the s
1. NAME OF DECEASED 12. DATE AND HOUR	PRONOUNCED DEAD
JOHN HENRY BYRD 2-7-66	1:15 P. M
A. STATE	d lived. If institution: residence before odmission B. COUNTY
HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate in STITUTION)	te limits, write RURAL and give township)
320 E. LANVALE STREET Baltimore D. STREET ADDRESS (If rural, give local) 320 E. Lanvale S	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AC WIDOWED, DIVORCED(specify)	GE (In years If Under 1 Yr, If Under 24 Hr. Months, Days, Hours, Min.
IOA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (State or foreign country) done during most of working lite, even if retired) Chauffeur Virginia	12. CITIZEN OF WHAT COUNTRY?
Robert & Byrd Dollie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	320 E. Lanvale St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, ostherio, etc. It means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)	INTERVAL BETWEEN ONSET AND DEATH
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes of No.) 20B. IF Y WAS PERFORMED	YES, WERE FINDINGS CONSIDERED
NO Value No No No No No No No N	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. hame, farm, factory, street, affice bldg., INJURY OCCUR?	minite only, give exact facultain
21D TIME (Month) (Day) (Year) (Haur) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCURRED WHILE AT WORK AT WORK	CUR?
22.	DATE SIGNED
23A. BURIAL CREMATION, REMOVAL (Specify) Burial 2-10-66 23C. NAME of CEMETERY of CREMATORY Anne A	Coty, town, or county) (State) rundel Co., Md.
EFR 10 1966 A 0 & F F To Depth Registrar RAC. FUNERAL DIRECTOR	ADDRESS 578 W Biddle St
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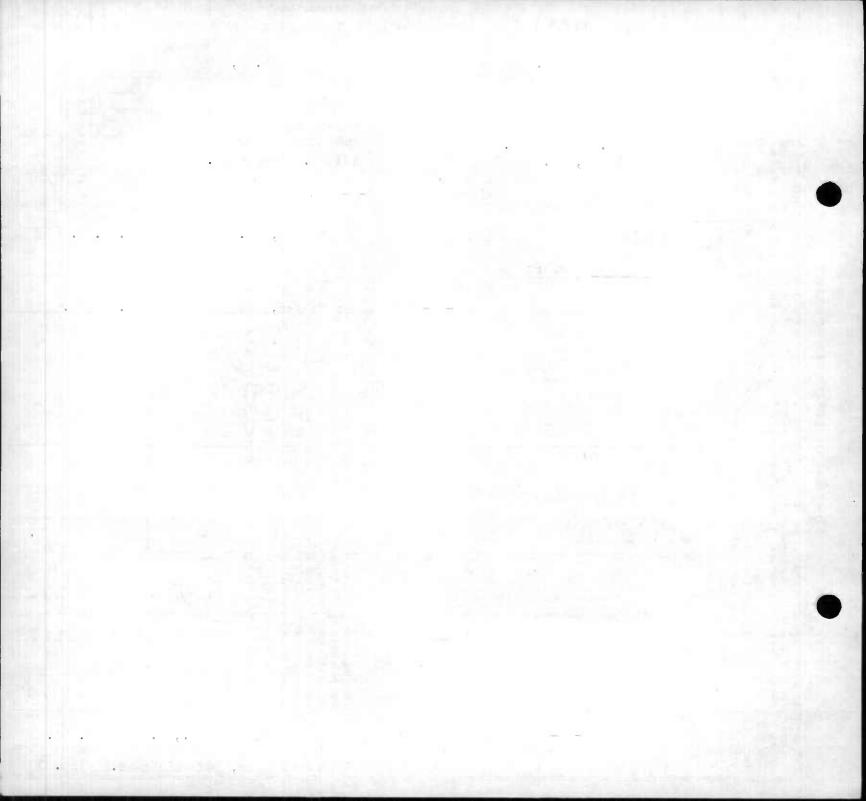
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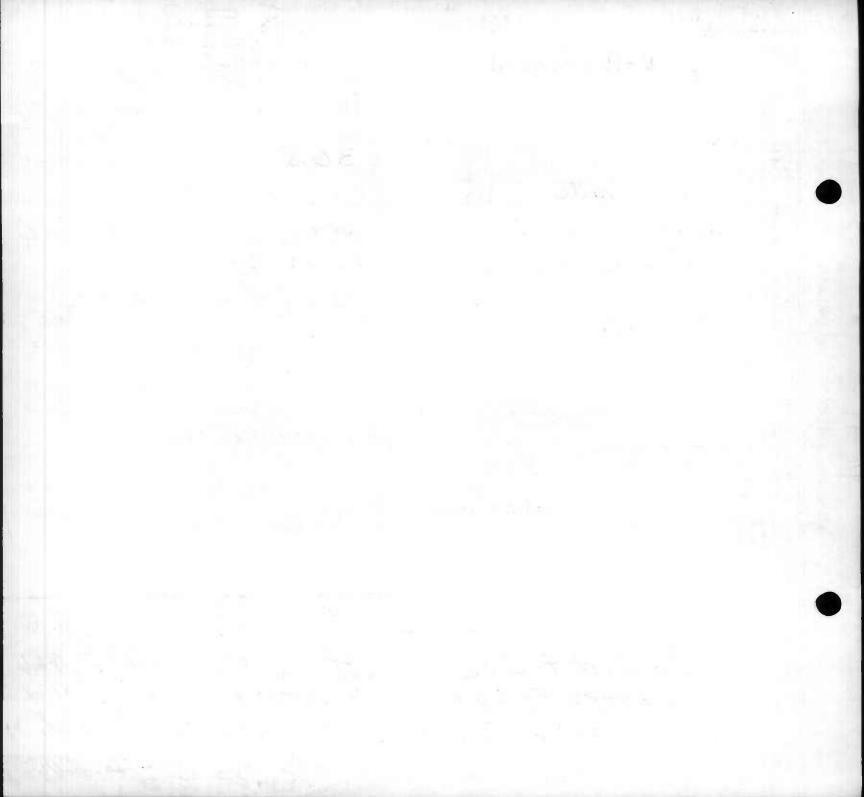
fracture

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 66 111443 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Feb. 8, 1966 CLARA V. WOOMER 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission (If not in hospital or institution, give street FULL NAME OF Maryland HOSPITAL OR address or location) (If outside city limits, write RURAL and give township) INSTITUTION Baltimore D. STREET ADDRESS 1412 S. Hanover St. (If rurol, give location) Baltimore. Md. 1412 S. Hanover St. is mad 7. MARRIED, NEVER MARRIED 5. SEX 9. AGE (In years If Under 1 Yr. Months: Doys Il Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours lost birthdoy White 3-6-1902 Female Widow 63 10A USUAL OCCUPATION Give kind of work 108, KIND OF RUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working lile, even if retired) Housewife Baltimore, Md. Stewart Unknown 5. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 214-38-0769 James Woomer. 3720 Clarenell Rd. CAUSE OF DEATH 0 INTERVAL BETWEEN 20. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? obtained before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deseased from 19 66 that (I) (we) last sow the deceased alive on.... and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (W(We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B DATE SIGNED Attending Med. Stoff caro Phys. deceased prior to written approval Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION. 24B. REMOVAL (Specily) 2-10-66 Burial Holy Cross Cemetery Ritchie Hwy., Arundel Co. Md. 258 NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Flynn & Fleming, 1422 Light St. Balto. 30

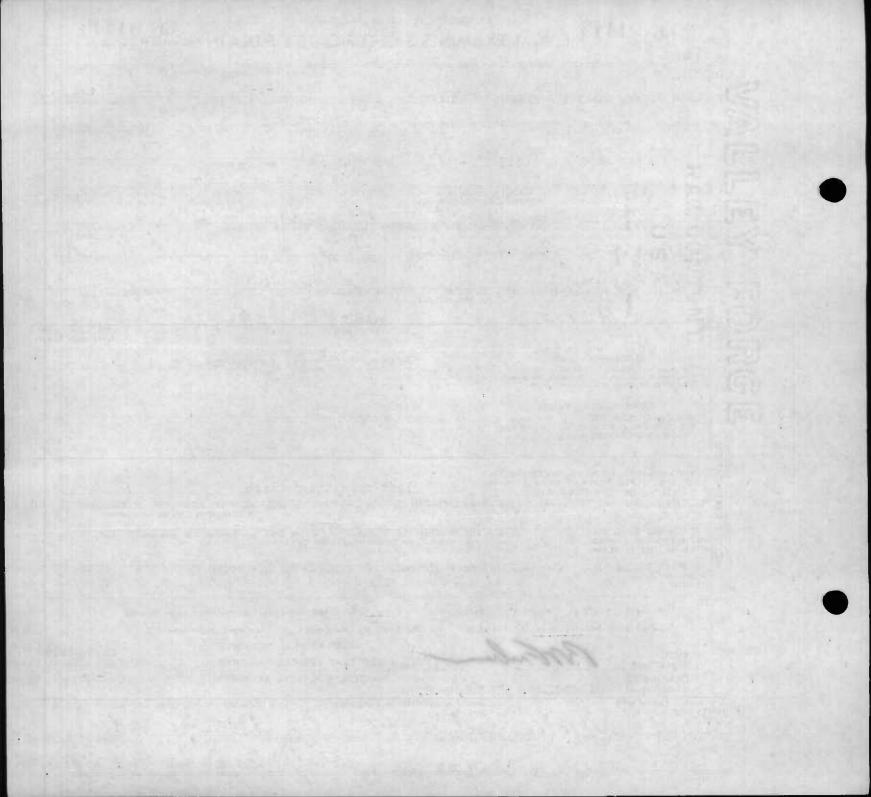


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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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				HEALTH DEPARTMENT	00 0111
	M.E	H NO. 66 () 14	44 CERTIFICA	01 00/11/11	. 66 01444
	(Тур	AME OF DECEASED WALTERS-RUSSE		2. DATE AND HOUR OF DEAT	17:30 9.M.
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before odmission)
	-	ULL NAME OF (If not in hospital or instituti IOSPITAL OR oddress or location) NSTITUTION	on, give street	e. CITT OR TOWN (If outside city timits, write	RURAL and give township)
2	9	11 1	h 1-1	D. STREET ADDRESS (If rurol, give location)	3-3-00
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	5. \$		IED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
2		USUAL OCCUPATION (Give kind of work 108, KIND during most of working life, eventif retired)	OF BUSINESS OR INDUSTRY	11. BYRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Se	eurity Officer martins		Sa.	21. 8.4.
200	13.1	TATHER NAME	-00	14. MOTHER'S MAIDEN NAME	
2	15. V	FRANK WALTE	1 6. SOCIAL	CLARA GETZ	ADDRESS
	(res	,no orunknown) (If yes, give wor or dotes of servi	530-03-9712	Stife Same a	es above)
5		DISEASE OR CONDITION DIRECTLY	CAUSE O		INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEATH	(A) MY	ocardial Infarction	on 12 hours
00		(This does not mean the mode of dying, heart failure, asthenio, etc. It means the diserinjury or complication which caused death.)	ose. 7	V	
E .		ANTECEDENT CAUSES	(B) KLID	Tured Cerebral	Meuropm
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Len	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE		
		19A. DATE OF OPERATION 19B. CONDITION FO	or WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERI IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
Deror		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or about 21 C. WHERE DID (If in Boltime	ore City, give exact tocation!
Deulo	0	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
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0		22. I certify that (I) (this hospital) attended	- / / / / / /		ED 8 1966.
ST De	1 1	that (1) (we) last saw the deceased alive of and hour and from the couses stated above		iew the body after death. TIME 9	
E C		23A, SIGNATURE	2	U	23B. DATE SIGNED
		CALLAND T. C		nding Med. Stoff Phys. 23D. ADDRESS	Feb- 8 1866
approvat		EVERARD F.	COX M.D.	UNIVERSITY HOS	PITAL 212d
=	24A	BURIAL CREMATION, 248. DATE REMOVAL (Specify)	NAME OF CEMETERY OF CRE	12111	City, lown, or country (Stafe)
LILE	25A	CASE REC'D BY HEALTH DEPT. 25B. NAM	Tak Jawy	25C. FUNERAL DIRECTOR	ADDRESS
2		FEB 10 1966 Q O. A- 8 .	Easley Mills 199	Connelly Sons 300 M	Pace ave, Balto. 21
'	VS 1	50-REV. 1/1/65		.0.	



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1. NAME OF DE	CEASED			2	DATE AND	HOUR PRONOUNC	ED DEAD
			FERRARI		2-6		11:00 P. M.
3. PLACE IN BAI	LTIMORE, MARYLAND, V	VHERE PRONOL	INCED DEAD	A. STATE		deceosed lived. If inst	titution: residence before admission JNTY
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Marylan	d		
HOSPITAL OR	ADDRESS OR LOC	ATION)		C. CITT OR TOWN	N (It outside	corporate limits, will	RURAL ond give township)
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GF	HURCH HOME AND	D HOSPII	AL - DOA	D. STREET ADDRE			
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5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	S. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months Doys Hours Min.
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	CUPATION (Give kind of working life, even if retired)	KIND O	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (St	tate or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
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13. FATHER'S NA	ME			14. MOTHER'S MAI	DEN NAME		
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	ING CONDITION LAST.		(C)				
2	il						
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ACTU	/ / / /	Jul s		ASSISTANT ME			DATE SIGNED
SIGNA			M. D	•			2-7-66
	NER'S (Type) RUSSEI	L S. FI	SHER, M.D.	ASSOCIATE ME	DICAL EX	AMINER	
23A, BURIAL CR	REMATION, 23B. DATE		C. NAME OF CEMETERY	or CREMATORY	23D. LC	OCATION (City	, town, or county) (State)
REMOVAL (Spec	ify)	100	o of	1-1-10		n 0-A-	ned
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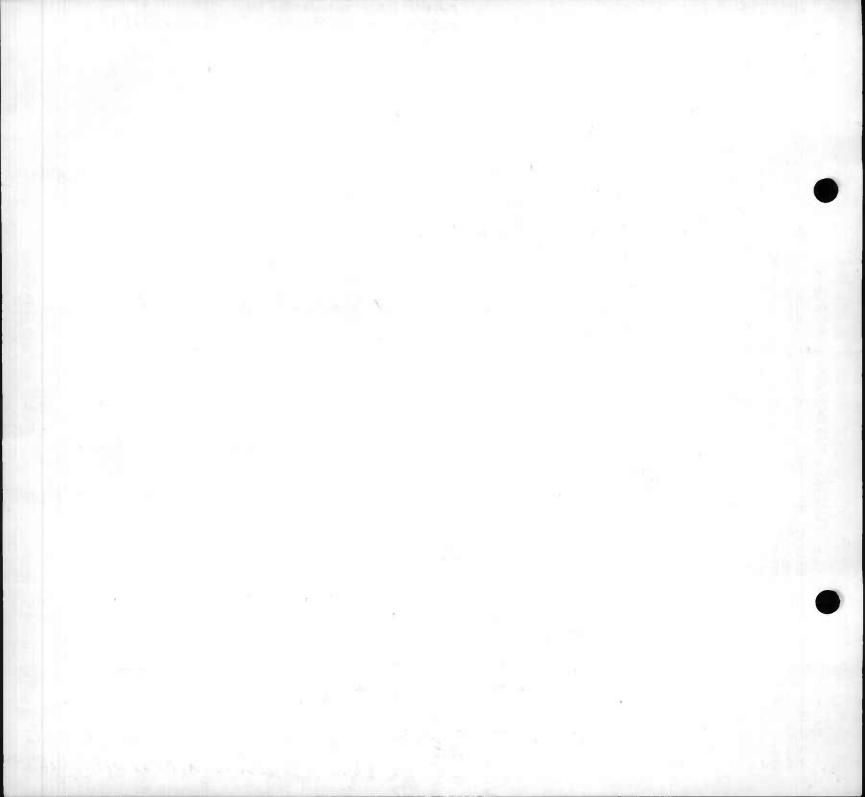


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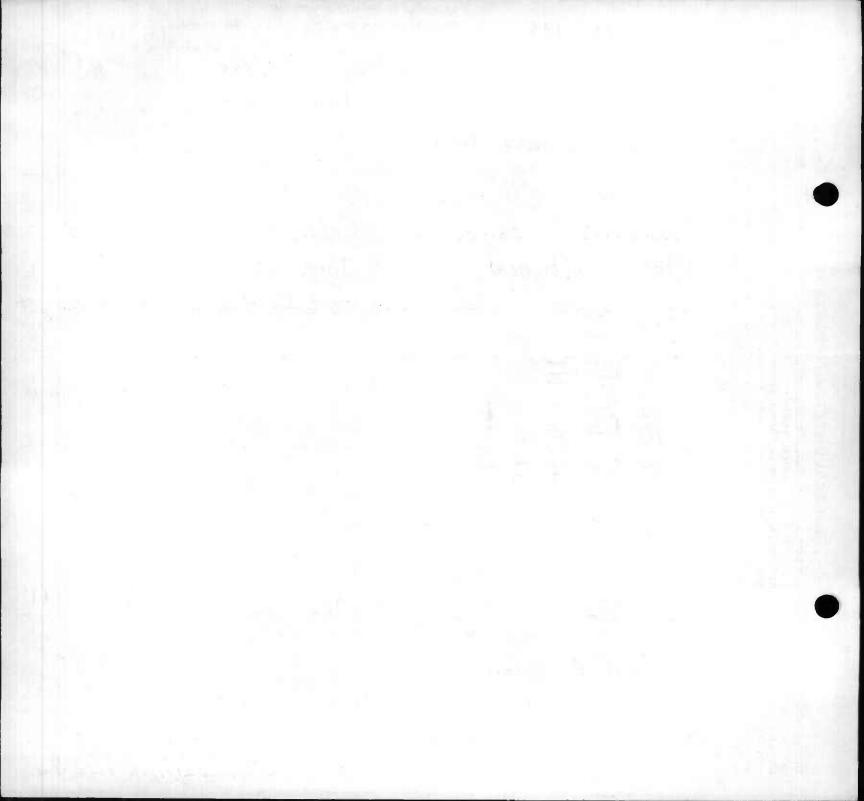
BIRTH NO.	2 1 2 2 2 3 3 A A S.C.	BALTIMORE CITY	HEALIH DEPAKIMENI		
M.E. CASE NO.	66 01446	CERTIFICA	TE OF DEATH	Registered No.	6 01446
1. NAME OF DECEA	SED		2. DATE AN	D HOUR OF DEATH	
	Samuel A	nderson	Febru	ary 8, 196	6 2:40 :
. PLACE OF DEATH	H IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If i	nstitution: residence before admis
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or institu address or location)	ition, give street	Maryland c. city or town (if ou	tside city limits, write	RURAL and give township)
C	Provident Ho.	spital	Baltimore		
7	1514 Division			rural, give location)	
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	rking life, even if retired)	- LARO	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
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Swall	ver in U. S. Armed Forces?	14 60000	neene		
Yes, no or unknown) (I	rer in U. S. Armed Forces? I yes, give wor or dotes of serv	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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	ONDITION CAUSING IT.	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
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19A. DATE OF O	PERATION 17.8. CONDITION WAS PERFORMED WAS UNDERLYING NG CAUSE OF edical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimer	
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W 14037.	1849 Ramsey Street	et
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KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
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	14. MOTHER'S MAIDEN NAME	
le V	Jane Stevens	
service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
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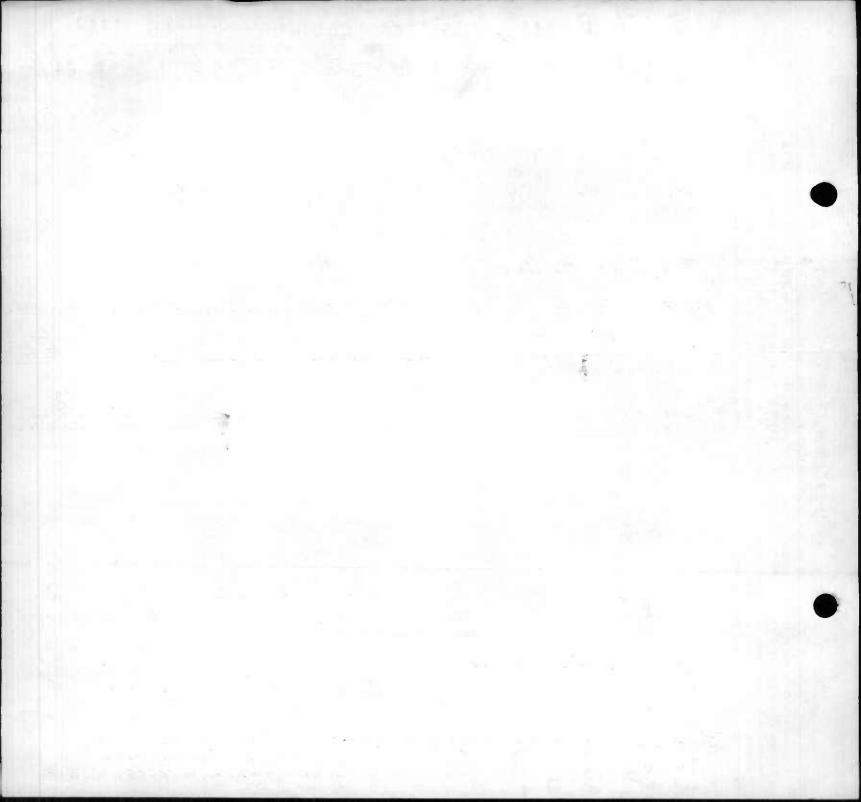
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h. S	(Тур	PLACE OF DECEASED PLACE OF DEATH IN BALTIMORE, MARYLAND	May Mr	S 2/	HOUR OF DEATH	n: residence before odmission
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a hospiter to deat		Samuel C. Chino	M.D. Attend	Med. S Director P	toff hy s.	2-7-66
was D.O.A. at a h deceased prior to written approval	244	NAME (Type) SAMUEL C: CHUO A. BURIAL CREMATION, 124B. DATE 124C.N.	M.D.	Bon Secour	stospital. A	Saltinone, Md.
ased en q		BURIAL 2-11-66			ALTINOPE	Md
was dece writt	254	FEB 1 0 1966 R. L. BERDANES	V DEGITUAR	25C. FUNERAL DIRECTOR 650 L. Schwa Manage 7-8	b FUNERAL	to Daness



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BALTIMORE CITY HEALTH DEPARTMENT							
BIRTH NO. M.E. CASE NO. GEOMETRICATE OF DEATH Registered No. GEOMETRICATE OF DEATH Registered No. GEOMETRICATE OF DEATH							
Trype or Print Lowis Edward Keller- Sp 27/66 3:00	P-M.						
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, if institutions residence before ode A. STATE B. COUNTY	nission)						
FULL NAME OF HOSPITAL OR oddress or location) INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township)							
O, STREET ADDRESS (If rurol, give location)							
University 405p. 735 E, 36th St.	24.11						
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 9. AGE (In years lost birthday) 1. Married, Never Married Months: Doys Hours 7. Married, Never Married WiDowed, Divorced (specify) 1. January 17. If Under 17. House	Min.						
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13. FATHER'S NAME							
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15. Was Deceased Ever in U. S. Armed Forces? (Yes, no grunknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.							
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heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	-						
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24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMATORY 24D. LOCATION (City, town or coun							
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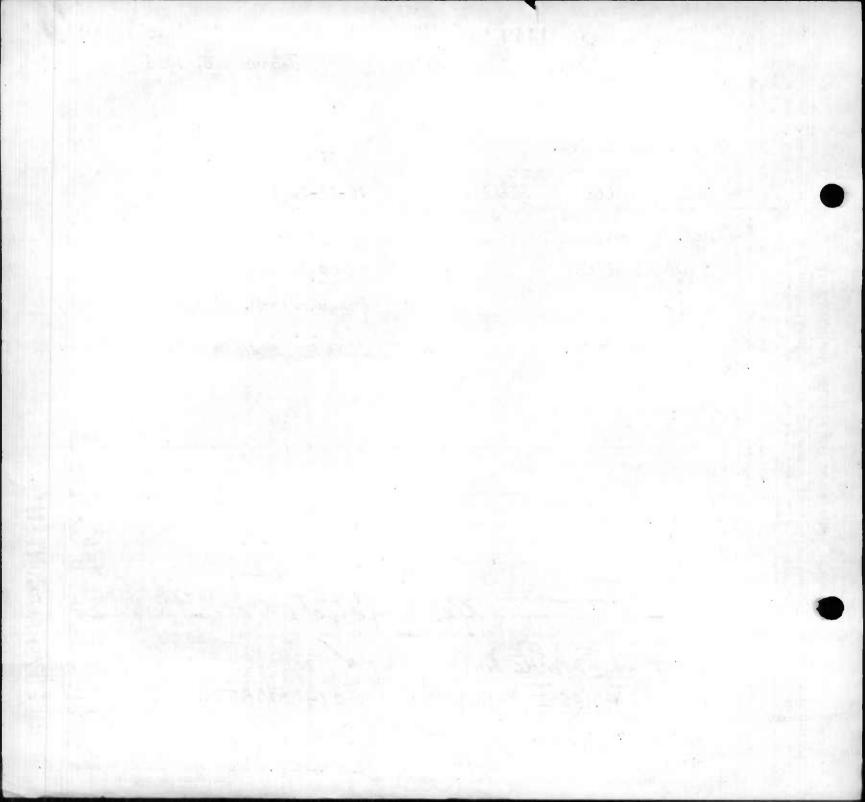
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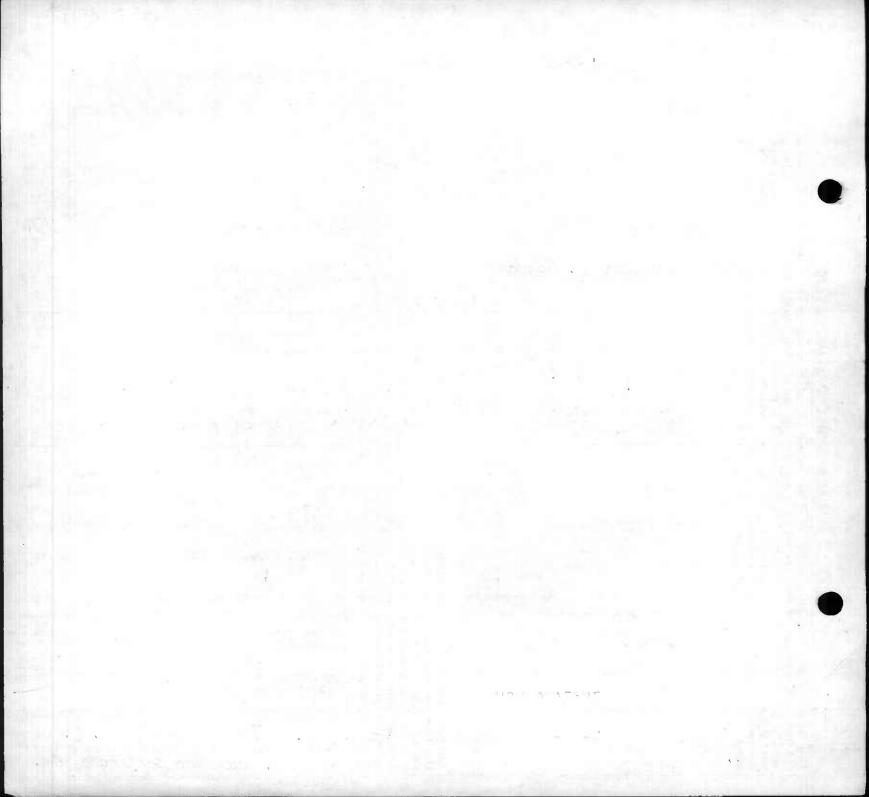
BALTIMORE CITY HEALTH DEPARTMENT RIPTH NO CERTIFICATE OF DEATH Registered Na M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) tebruary 8. 966 4. USUAL RESIDENCE (Where deceased fived, II institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE Md. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside city limits, and give township 5311 Hamlet Ave. (If rural, give location) 1 Hamlet Ave. 5. SEX 6. RACE MARRIED, NEVER MARRIED 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. Months: Doys WIDOWED, DIVORCED (specify) Hours lost hirthdoy -18 white male married IGA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired? Maruland lailor Ket. 14. MOTHER'S MAIDEN NAME 13. FATHERS NAME Albert Miller Roseanna 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 16. SOCIAL 17. INFORMANT or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. same INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Luaren LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact tocation) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.) MEDI obtained 21 D. TIME (Month) (Doy) 21F. HOW DID INJURY OCCUR? (Yeor) (Hour) 21E INJURY OCCURRED OF INJURY While At Not While I (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the decased/fram 8 1960 that (1) (we) last saw the deceased alive an ... and that in (my) (***) apinion death accurred an the date and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A SIGNATURE 23B. DAJE SIGNED Attending , Stoff M.D. Med. Director Phys. approval 23C, HYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION. DAI REMOVAL (Specify) BY HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

	BALTIMORE CIT	Y HEALTH DEPARTMENT	00 0445		
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B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, It in		
		A. STATE B. COUNTY	7-13	
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INSTITUTION				
/		O. STREET A OORESS (If rurol, give location)		
Union Memorial He	< P.	2908 Southern Ave,		
SEX 6. RACE 7. MAR	RIED, NEVER MARRIED	B. OATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.	
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3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
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and have and from the causes stated above	re. (M' (We) (did) (did not)	view the bady after death.		
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23C.PHYSICIAN'S	7100	23D. ADDRESS	120/1000.	
ZUTZANG HS	SU M.D.	- AAA / / /	Lach	
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SA. DATE REC'D BY HEALTH DEPT. 258. NA		25C. FUNERAL DIRECTOR	AODRESS AA I	
FEB 10 1966 @ 0_ 8-8	For Owner of	Leonard J. Ruck Inc I	Saltimore, Md.	
	NAME OF TAXABLE PARTY.			



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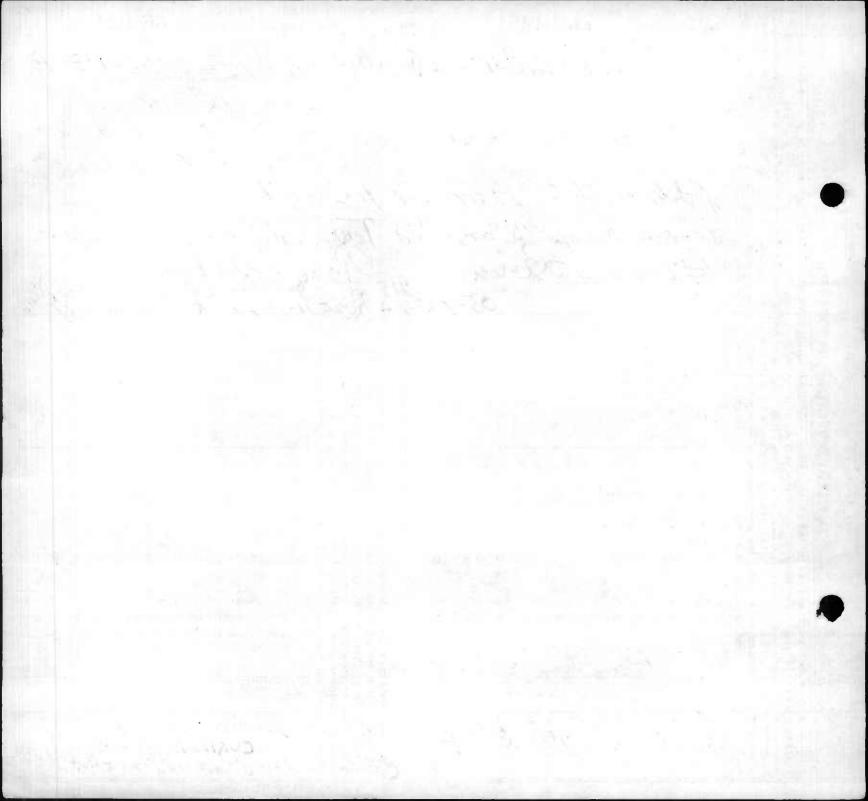
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 66 0145 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 1, NAME OF DECEASED RATE AND HOUR OF DEATH (Type or Print) 4. USUAL A. STATE COUNT FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D. STREET ADDRESS made. 7. MARRIED, NEVER MARRIED If Under 1 Yr. Months: Doys If Under 24 Hrs. 9. AGE (In years WIDOWED, DIVORCED (specify) Hours lost birthdox BUSINESS OR INDUSTRY OCCUPATION (Give kind of work) 10B. OF THPLACE (State or foreign country). 12. CITIZEN OF WHAI COUNTRY? disposition 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 7. INPORMAN ADDRES SOCIAL final SECURITY NO OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Dem LEADING TO DEATH 2 YEARS CANCED OF THE LUNG (This daes not mean the mode al dying, e.g., embal heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) sloting the UNDERLYING CONDITION lost. remains ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFI WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) AL DEATH (notify medical examiner) etc.) MEDIC obtained (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram 19 63 FEB 66 that (I) (we) last saw the deceased alive an... and haur and from Afe causes stated abave. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending X Med. Director Stoff M.D. Phys. L approval 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS MERIDENE DR. BALTO. MD 1701 M.D. BURIAL CREMATION, 248. 24CONAME of CEMETERY (State) REMOVAL (Specify) written HEALTH DEPT 258 NAME OF REGISTRAR

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in a hospital and ng cause of death cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT Registered Nd.6 1114 66 91452 CERTIFICATE OF DEATH BIRTH NO M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) JENKINS AGNES
3. PLACE OF DEATH IN BALTIMORE MARYLAND HAMILTON 4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admiss (If not in hospital or institution, give street HOSPITAL OF oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION is mad 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min. WIDOWED, DIVORCED (specify) ost birthdoy) IDA USUAL OCCUPATION (Give kind of work TOR, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF sposition done during most of working life, even if retired) OWN HOME HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S 15. Was Deceased Ever in W.S. Armed Forces?
(Yes.no or unknown)liff yes, live wor or dotes of service) final SECURITY NO. MAS. BERNARO S. ALLUISI 212-50-5066 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This daes not meen the made of dying, e.g., heart failure, asthenia, etc. 11 means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Barchomeumon TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) etc. 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram. that (1) (we) last saw the deceased alive an Feb. 2016 and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending M.D. Med. Staff Phys. Director pprova 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Carmelita A. Cendarin Mercy Hospital M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 2/12/1966 BY HEALTH DEPT. 25B. NA

New Cathedral

258. NAME OF REGISTRAR

Baltimore

4905 York

25C. FUNERAL DIRECTOR

H.W. Jenkins & Sons Co.

Letter from Mercy Hospital signed by Staff Physician 2-17-66 M.H.

(Type or Print)

FULL NAME OF HOSPITAL OR INSTITUTION

3. PLACE OF DEATH IN BALTIMORE

10A, USUAL OCCUPATION (Give kind of

done during most of working life, even if reti

15. Was Deceased Ever in U. S. Armed

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deceased

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5. SEX

CERTIFICATION

MEDICAL

Female

13. FATHER'S NAME

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or contributing cause

		BA	LTIMORE CITY	HEALTH DEPARTMENT				
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AME OF DEC		uise Boyer		2. DATE A 2-7-	ND HOUR OF DEATH	5:25 P M		
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OSPITAL OR	oddress or locotion	1)		c. city or town (If outside city limits, write RURAL end give township) 3533 Liberty Heights Avenue Baltimore				
The Johns Hopkins Hospital				D. STREET ADDRESS (If rurol, give locotion) 3533 Liberty Heights Avenue				
emale	Negro	7. MARRIED, NEVER A WIDOWED, DIVORCE	d (specify)	8. DATE OF BIRTH 9-3-1914	9. AGE (In years lost birthdoy) 52	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.		
	JPATION (Give kind of work working lile, even if retired)	10B, KIND OF BUSINES	S OR INDUSTRY	Md.	oign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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Isi	ah Patters	on		Daisy Pol	inston			
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		Work	At Work		1 1	/		

(4) Undetermined cause; (5) Deceased disposition Mas the assistant if IMPORTANT eath 0 kind; final attendance any 0 Also, of embalmed fracture FUNERAL DIRECTOR: the chief medical examiner regular are physician must be obtained before the remains medical physician was to the hospital by 3 where ŝ nature; 9 (except death); and any shows: (1) An accident of hospital the body was released eceased prior to written approval 0 ŧ D.O.A.

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OF INJURY (APPROX.) 22. I certify that (1) (this begital) attended the deceased from

that (1) (app) last saw the deceased alive an. (and that in (my) (opinion death accurred on the date

and have and from the courses stated above. (1) (Mer) (did not) view the hady after death

23A. SIGNATURE	/ .			238. DATE SIGNED
Dery a.	Schule	M MMD Attending Phys.	Med. Stoff Phys.	2/7/66
23C. PHYSICIAMS NAME (Vde)	1 0	23D. ADDRESS		

M.D.

GEDRGE

24A. BURIAL CREMATION, 24B. D

REMOVAL (Specify)

24C. NAME of CEMETERY OF CREMATORY

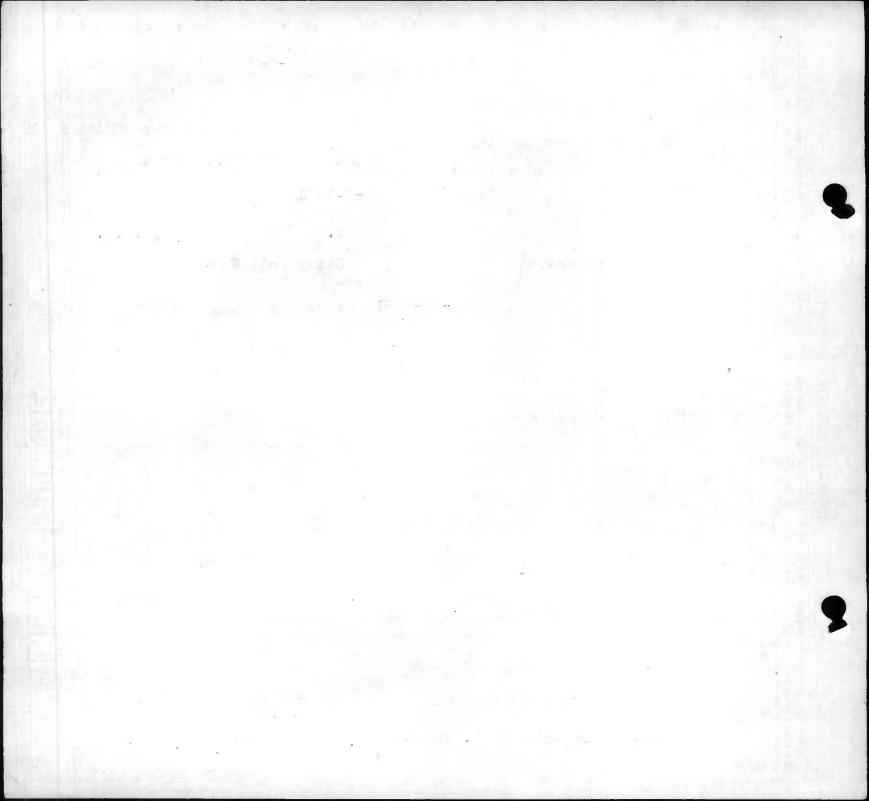
JOHNS HODKINS

24D. LOCATION (City, town, or county)

Mt. Auburn Cem 258. NAME OF REGISTRAL

VS 150-REV. 1/1/65

M. Balto Md.



VS 151-REV. 1/1/65

BIRTH NO.	MED	ICAL EX	KAMINER'S C	ERTIFICAT	E OF DEA	TH Register	red No	
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FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
INSTITUTION	ADDRESS OR LOCA	(IION)		Baltimore \ \(-\times \ \ \)				
9					ESS (If rurol, give lo	cotion)	01	
1	Provident H	lospital		10	14 Carlto	n St		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9	AGE (In years birthday)	If Under 1 Yr. If Under 24	
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13. FATHER'S NAM				14. MOTHER'S MA	AIDEN NAME		0.5	
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injury or com	ostnenio, etc. It means	deoth.)						
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_	G CONDITION LAST.		(C)				O- Sent Grand	
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UNDERLYING TO CAUS		etc.)	e, tonti, toctory, sweet, c	Ince pigg., INJOKI	OCCOR:			
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and t or contributing cause of death Undetermined cause; (5) Deceased LO hospital death. ance attend 10 prior occurred regular deceased death = SD the 3 assistant eath LO attendance any pronounced of fracture regular w ho physician chief medical burns; No physician (2) Body the the where hospital nature;

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CG A A CO BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased institution; residence before admission) Mid. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY (If outside city limits, write RURAL and give INSTITUTION Lutheran Hospital of Md., Inc. IMORE Nalbeoo K disposition is mad 7. MARRIED, NEVER MARRIED 9, AGE (In years 5. SEX If Under 1 Yr. Months: Doys If Under 24 Hrs. 6. RACE Hours WIDOWED, DIVORCED (specify) lost birthde lored Never Married 10A, USUAL OCCUPATION (Give kind of work 10B, NND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) arkway U.S.A. 13, FATHER'S NAME 14. MOTHERS MAIDEN NAME Tilman McKenzie

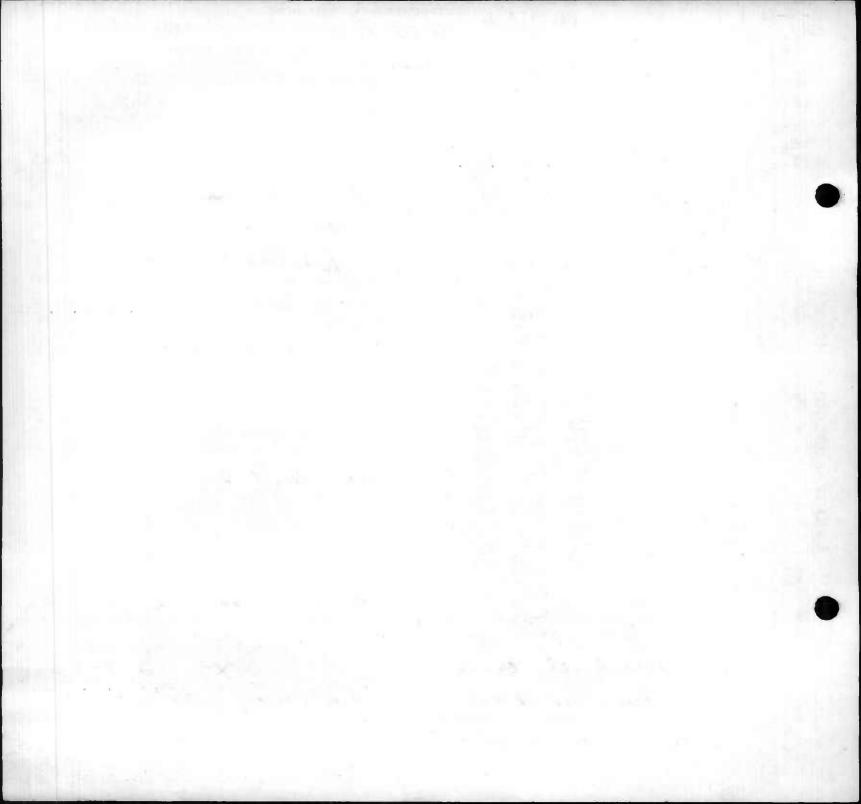
5. Wos Deceased Ever in U. S. Armed Forces Annie ADDRESS 6. SOCIAL 17. INFORMANT or final (Yes, no or unknawn) (If yes, give wor or dates of service) SECURITY NO. McKenzie CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the the remains UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No! 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc. obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX.) At Work and Work 22. I certify that (I) (this hospital) attended the deceased fram... that (1) (we) last saw the deceased alive an and that in (my) (our) opinion death occurred on the date death) hospital and hour and fram the causes stated abave. (1) (We)/(did) (did not) view the bady ofter death. must 23A. SIGNATURE 238, DATE SIGNED Attending Phys. Stoff Phys. M.D. Med. 0 Director approval 0 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior to o M.D. Pe Lazaro Ae was D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased 24D, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burlal 2-10-66 Mt. Auburn Cem. Maryland Baltimore 258, NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65

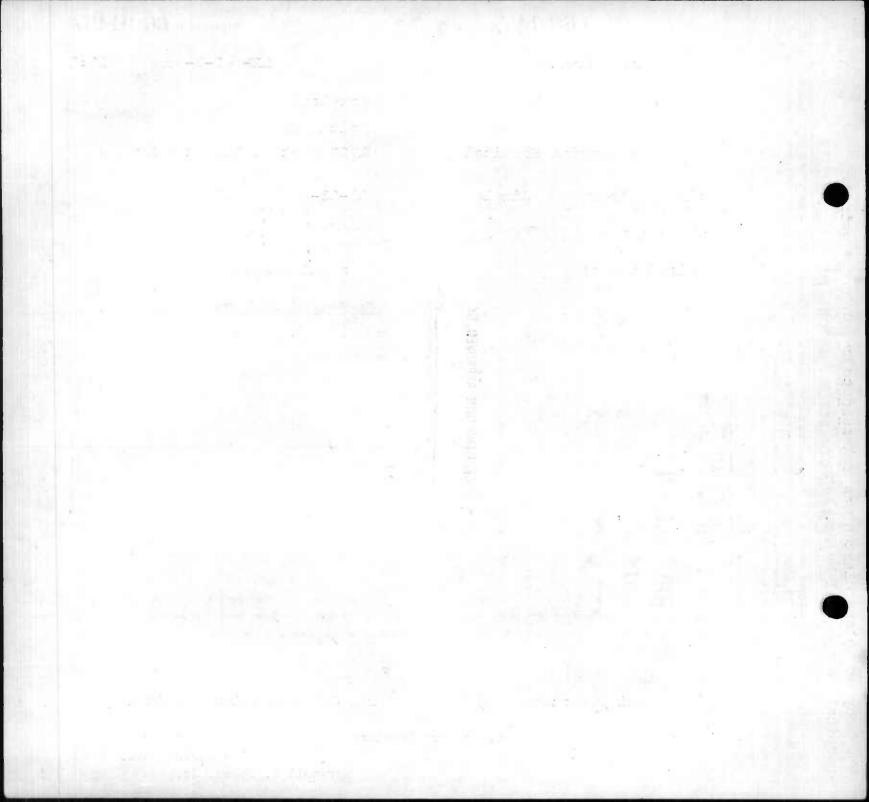
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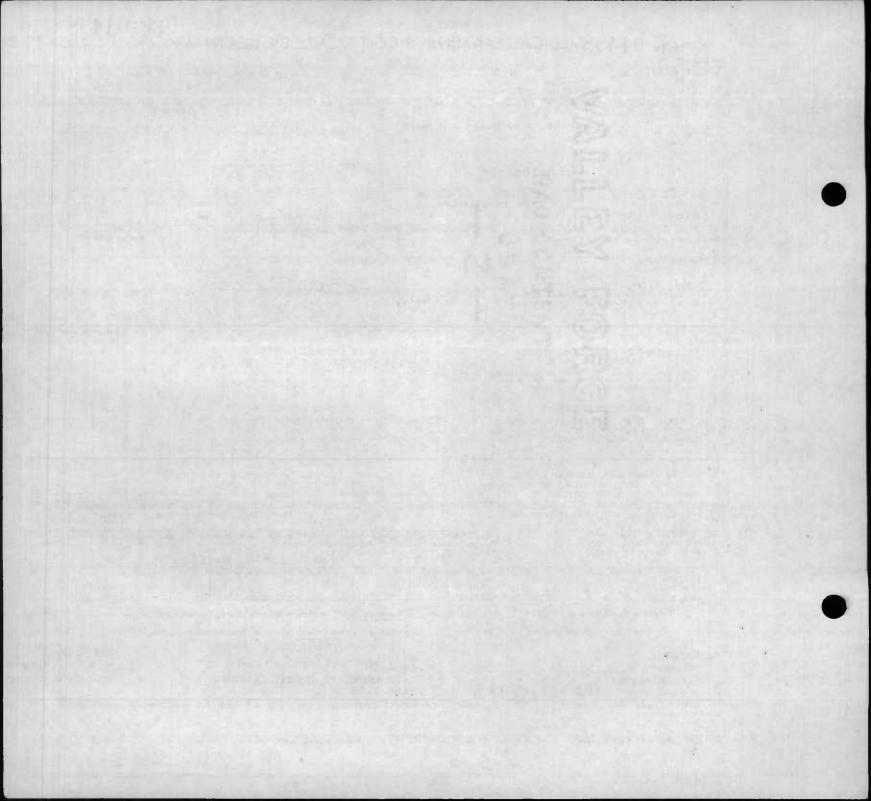
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	H NO. VY	45-58	- 7 6	CERTIFICA	ATE OF DEATH	Registered No.	()1456
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	-		Bu	Ph	tending Med. Director 23D. ADDRESS 4940 Eas	Phys.	0-11-111 011001
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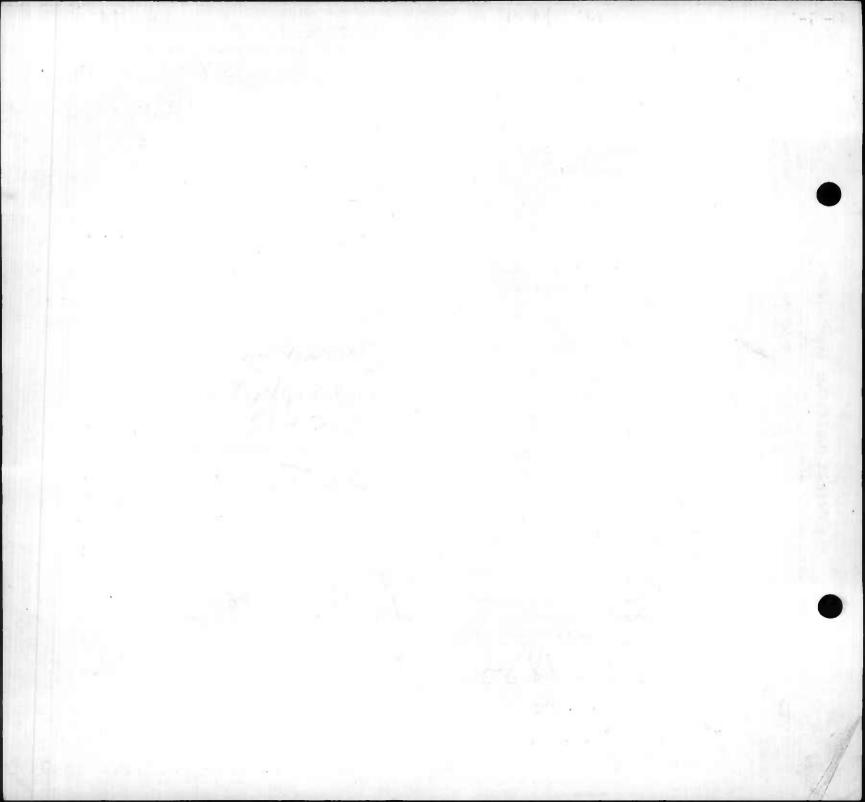
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2C-120	BIRTH NO. 66 01457 CERTIFICA	ATE OF DEATH Registered No. 66 11457
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- 000	(Type or Print) Roland Claxton	= 101.
spita of ODec	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
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a hos cause se; (5)	FULL NAME DF (If not in hospital or institution, give street HDSPITAL DR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
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XC Bro	22. I certify that (1) (this hospital) attended the deceased from	Dec. 16 1965 10 Feb. 7 1966.
6 0 0	The state of the s	
be ;	that (1) (we) last sow the deceased alive on 15 1 pm.	7 19 6 6 ond that in(my) ((our)) opinion death occurred on the date
dent of ospital death) must be	and haur and from the causes stated above. (1)((We) (did) (did not	view the body ofter death.
Pipi	23A. SIGNATURE	23B, DATE SIGNED
deat		
	27.	hys. Director Phys. 2 2-7-1966
0 ->	23C.PHYSICIAN'S	23D. ADDRESS
prio	NAME (Type)	Mbe Johns Hombins Hearitel
d prior to	Sumio Uematsu M.	THE COMME HERITAGE HEEP TOTAL
00	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or	REMATORY 24D. LOCATION (City, town, or county) (State)
		Raltimore Maryland
was D.C decease written	Burial 2-12-66 Mt. Calvary Cem	
was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 1735 Harford Ave. ADDRESS
₹ 0:	FEB 1 0 1966 Robert E. Jakey M.	Marshall W. Jones, Jr.
	VS 150-REV. 1/1/65	THE STATE OF THE S



NAME OF DECEASED			2 DA	E AND HOUR PRONOUNCE	DEAD
	WILLIAMS			bruary 4, 1966	7:05 P
LACE IN BALTIMORE, MARYLAND,		NCED DEAD	4. USUAL RESIDENCE	Where deceased lived. If institu	ution: residence before admissi
L NAME OF (IF NOT IN HOS	SDITAL OR INSTITU	TION CIVE STREET	A. STATE Maryl	and	III
SPITAL OR ADDRESS OR LO	OCATION)	TION, GIVE STREET		autside carporote limits, write	RURAL and give township)
			Balti		1905
Johns Hopkins Ho	ospital		D. STREET ADDRESS (1541	f rurol, give locotion) Madison St.	
EX 6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr. If Under 24 H
male negro		DIVORCED (specify)	Aug 1, 191	2. 9. AGE (In years lost birthdoy) 2. 45.53	Months Doys Hours Mir
USUAL OCCUPATION (Give kind of during most of working life, even if retire		BUSINESS OR INDUST		foreign country)	12. CITIZEN OF WHAT COUNTRY?
			S.C.		
ATHER'S NAME			14. MOTHER'S MAIDEN		
-1 Ji es Willie		17 SOCIAL	LIZ2 A	nn William	ADDRESS
WAS DECEASED EVER IN U.S. ARA, no or unknown) (If yes, give wor or		SECURITY NO.	Inuise 1	nn Williams 18	31 E. E.C.
1B.		CAUS	E OF DEATH	3 70	INTERVAL BETWEE
Z-700K		CAUS	LOT DEATH		ONSET AND DEAT
DISEASE OR CONDITION LEADING TO DEA		Massi	ve internal h	emorrhage	
(This does not meon the mode heart failure, asthenia, etc. It me	of dying, e.g.,	DUE TO	ab wound of 1	eft upper chest	· · · · · · · · · · · · · · · · · · ·
injury or complication which caus	sed deoth.)	30	ab would of I	ere upper chest	
ANTECENDENT CA	USES				
DISEASES OR CONDITIONS, I		DUE TO	********************************	*********************	
UNDERLYING CONDITION LA	ST.				
		(C)			
li					
OTHER SIGNIFICANT CONDITION	RELATED TO TH				
	RELATED TO THE	HE	20A. AUTOPSY? (Yes	or No) 208, IF YES, WERE FIN	DINGS CONSIDERED
TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. C	RELATED TO THE	HE	20A. AUTOPSY? (Yes	OF No. 208, IF YES, WERE FIN IN CERTIFYING CAUSE	
TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS	RELATED TO THE SING IT. CONDITION FOR V PERFORMED	HE OPERATION PLACE OF INJURY (e.g.	yes	IN CERTIFYING CAUSE YES DID (If in Boltimore City, give	S OF DEATH?
TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. (WAS	RELATED TO THE SING IT. CONDITION FOR V PERFORMED	WHICH OPERATION PLACE OF INJURY (e.g. form, factory, street,	in or obout 21C. WHERE office bldgs, INJURY OCC	IN CERTIFYING CAUSE YES DID (If in Boltimore City, give	e exact location)
TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS	RELATED TO THE SING IT. CONDITION FOR V PERFORMED 218.	HE OPERATION PLACE OF INJURY (e.g.	yes in or obout 21c, WHERE office bldg., INJURY OCCI	IN CERTIFYING CAUSE YES DID (If in Boltimore City, give	e exact location)
TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE 19A. DATE OF OPERATION 19B. WAS 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (OF INJURY	RELATED TO THE SING IT. CONDITION FOR V PERFORMED 21 B. I home, etc.	PLACE OF INJURY (e.g., form, foctory, street, Street	yes in or obout 21C. WHERE office bldg, INJURY OCCI Near 1.	IN CERTIFYING CAUSE YES DID (If in Boltimore City, give give give give give give give give	e exoct location)
TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS. 19A. DATE OF OPERATION 19B. 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (OF INJURY	RELATED TO THE SING IT. CONDITION FOR V PERFORMED 218. home, etc.]	PLACE OF INJURY (e.g. form, factory, street, Street IE. INJURY OCCURRED (HILE AT AT OORK)	yes in or obout 21c, WHERE office bldg, Near 1.	Old In Certifying Cause yes Old If in Boltimore City, given JR? San E. Madison S	e exoct location)
TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS. 19A. DATE OF OPERATION 19B. 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (OF INJURY (APPROX.) 2-4-66 22. I certify that I held an	RELATED TO THE SING IT. CONDITION FOR V PERFORMED 218, I home, etc. (Year) (Hour) 2' 5:56 P W W W W W W W W W W W W W W W W W W	PLACE OF INJURY (e.g. form, factory, street, Street IE. INJURY OCCURRED (HILE AT AT)	yes in or obout 21c, WHERE office bldg, Near 1. 21F. HOW DI WHILE Sta	IN CERTIFYING CAUSE YES DID (If in Boltimore City, give give give give give give give give	e exoct locotion) t. ercation
TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS. 19A. DATE OF OPERATION 19B. 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (OF INJURY (APPROX.) 2-4-66	RELATED TO THE SING IT. CONDITION FOR V PERFORMED 218, I home, etc. (Year) (Hour) 2' 5:56 P W W W W W W W W W W W W W W W W W W	PLACE OF INJURY (e.g. form, factory, street, Street IE. INJURY OCCURRED (HILE AT AT OORK)	yes in or obout 21c, WHERE office bldg, Near 1. 21F. HOW DI WHILE Sta	IN CERTIFYING CAUSE YES DID (If in Boltimore City, given in the control of the c	e exoct location) St. Sercation
TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE 19A. DATE OF OPERATION 19B. WAS 21A. EXTERNAL CAUSE WAS 21A. EXTERNAL	RELATED TO THE SING IT. CONDITION FOR V PERFORMED 218, I home, etc. (Year) (Hour) 2' 5:56 P W W W W W W W W W W W W W W W W W W	PLACE OF INJURY (e.g. form, factory, street, Street IE. INJURY OCCURRED (HILE AT AT)	yes in or obout 21C. WHERE office bldg., INJURY OCCU Near 1. 21F. HOW DII WHILE Sta	IN CERTIFYING CAUSE YES DID (If in Boltimore City, give of the country of the co	e exoct location) St. Cercation
TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE 19.A. DATE OF OPERATION 19.B. (WAS 21.A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUNING CAUSE OF DEATH. 21.D. TIME (Month) (Doy) (APPROX.) 22. I certify that I held an resulted fram: Natural ACTUAL	RELATED TO THE SING IT. CONDITION FOR V PERFORMED 218, I home, etc. (Year) (Hour) 2' 5:56 P W W W W W W W W W W W W W W W W W W	PLACE OF INJURY (e.g. form, foctory, street, street IE. INJURY OCCURRED //HILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	yes in or obout 21C. WHERE office bldg., INJURY OCCU Near 1. 21F. HOW DII WHILE Sta	IN CERTIFYING CAUSE YES DID (If in Boltimore City, give JR? 538 E. Madison Son Son Injury occur? abbed during alt on this basis, death in my Undetermined manner	e exoct location) St. Sercation
TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE 19A. DATE OF OPERATION 19B. WAS 21A. EXTERNAL CAUSE WAS 22A. I certify that I held an resulted fram: Natural ACTUAL SIGNATURE EXAMINER'S	RELATED TO THE SING IT. CONDITION FOR V PERFORMED 21 B. I home, etc.) (Year) (Hour) 2' 5:56 P my W	PLACE OF INJURY (e.g. form, foctory, street, street IE. INJURY OCCURRED //HILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	yes in or obout 21C. WHERE office bldg. Near 1. 21F. HOW DI WHILE X Sta stapsy X and that de Hamicide X CHIEF MEDICA	IN CERTIFYING CAUSE YES DID (If in Bollimore City, give JR? 538 E. Madison Son Son Son Son Son Son Son Son Son S	e exoct location) St. Cercation
TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE 19A. DATE OF OPERATION 19B. WAS 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (APPROX.) 2-4-66 22. I certify that I held an resulted fram: Natural ACTUAL SIGNATURE EXAMINER'S NAME (Type) Rudig BURIAL CREMATION, 23B. DATE	RELATED TO THE SING IT. CONDITION FOR V PERFORMED 218. I home, etc.) (Yeor) (Hour) 2' 5:56 P ms w Inquiry Courses A A Ger Breite	PLACE OF INJURY (e.g. form, foctory, street, street IE. INJURY OCCURRED //HILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	yes in or obout 21C. WHERE INJURY OCCU Near 1. 21F. HOW DI WHILE S Sta atapsy X and that de Hamicide X CHIEF MEDICA ASSOCIATE MEDICA ASSOCIATE MEDICA	IN CERTIFYING CAUSE YES DID (If in Boltimore City, give JR? 538 E. Madison Son Son Son Son Son Son Son Son Son S	e exect location) St. Sercation apinian DATE SIGNED 2-5-66 town, or county) (State)
TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE 19A. DATE OF OPERATION 19B. (WAS) 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (APPROX.) 2-4-66 22. I certify that I held an resulted fram: Natural ACTUAL SIGNATURE EXAMINER'S NAME (Type) Rudig	RELATED TO THE SING IT. CONDITION FOR V PERFORMED 218. I home, etc.) (Yeor) (Hour) 2: 5:56 P m. W. Inquiry Couses A ger Breite E 230	VHICH OPERATION PLACE OF INJURY (e.g. form, foctory, street, street IE. INJURY OCCURRED WHILE AT NOT AT THE SUICE Inspection A Suice M. Inspector, M. D.	yes in or obout 21C. WHERE injury occur Near 1. 21F. HOW DI WHILE St. atapsy X and that Hamicide X CHIEF MEDICA ASSISTANT MEDICA ASSOCIATE MEDICA or CREMATORY	IN CERTIFYING CAUSE YES DID (If in Boltimore City, give JR? 538 E. Madison Son Son Son Son Son Son Son Son Son S	e exoct location) St. Sercation apinian DATE SIGNED 2-5-66 town, or county) (State)
TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE 19A. DATE OF OPERATION 19B. WAS 21A. EXTERNAL CAUSE OF DEATH. 21D TIME (Month) (Doy) (OF PROXIDE CAUSE OF DEATH. 21D TIME (Month) (Doy) (OF PROXIDE CAUSE OF DEATH. 22. I certify that I held an resulted fram: Natural ACTUAL SIGNATURE EXAMINER'S NAME (Type) Rudig BURIAL CREMATION, 23B. DATE AOVAL (Specify) 24 AOVAL (Specify) 25B. DATE AOVAL	RELATED TO THE SING IT. CONDITION FOR V PERFORMED 21 B. I home, etc.) (Yeen) (Hour) 2' 5:56 P m. W Inquiry A Beer Breite E 230	PLACE OF INJURY (e.g. form, foctory, street) Street IE. INJURY OCCURRED WHILE AT NOT AT Inspection A ccident Suici M.Inspectory M.Inspec	yes in or obout 21C. WHERE injury occur Near 1. 21F. HOW DI WHILE St. atapsy X and that Hamicide X CHIEF MEDICA ASSISTANT MEDICA ASSOCIATE MEDICA or CREMATORY	IN CERTIFYING CAUSE YES DID (If in Boltimore City, give JR? 538 E. Madison S DINJURY OCCUR? Abbed during alt an this basis, death in my Undetermined manner AL EXAMINER AL EXAMINER 23D. LOCATION City, Hanc Allor	e exect location) St. Sercation apinian DATE SIGNED 2-5-66 town, or county) (State)



5:30 P. M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) (If outside city limits, write RURAL and give township) If Under 1 Yı. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS BCH 4940 EASTERN AVENUE #21224 INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? III in Boltimore City, give exact location) the body was released to the hospital shows: (1) An accident of any nature; (3 and that in (my) (our) opinion death occurred on the date 238, DATE SIGNED approval was D.O.A. eceased REMOVAL (Specify) cem. D BY HEALTH DEPT 25C. FUNERAL DIRECTOR 258 NAME OF REGISTRAR 928 E. North VS 150-REV. 1/1/65



23A. BURIAL CREMATION. 23B. DAT REMOVAL (Specify) 2/2

2/11/66

Belto Notional Ceni.

248, NAME OF REGISTRAR

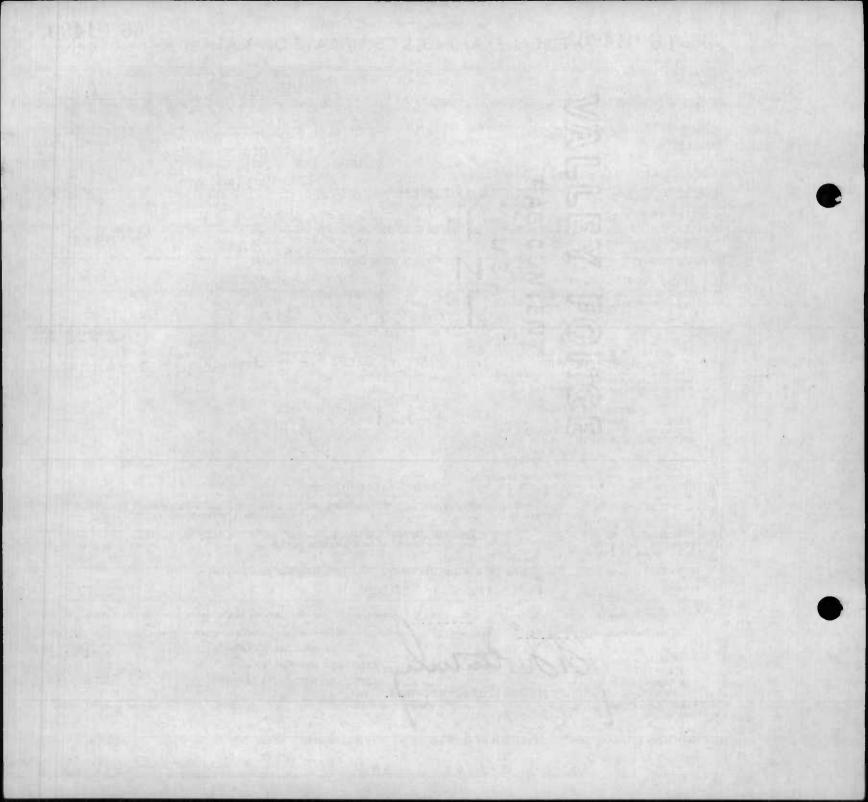
1. Balto. M

(2tote)

not ceni Bella, I'ld

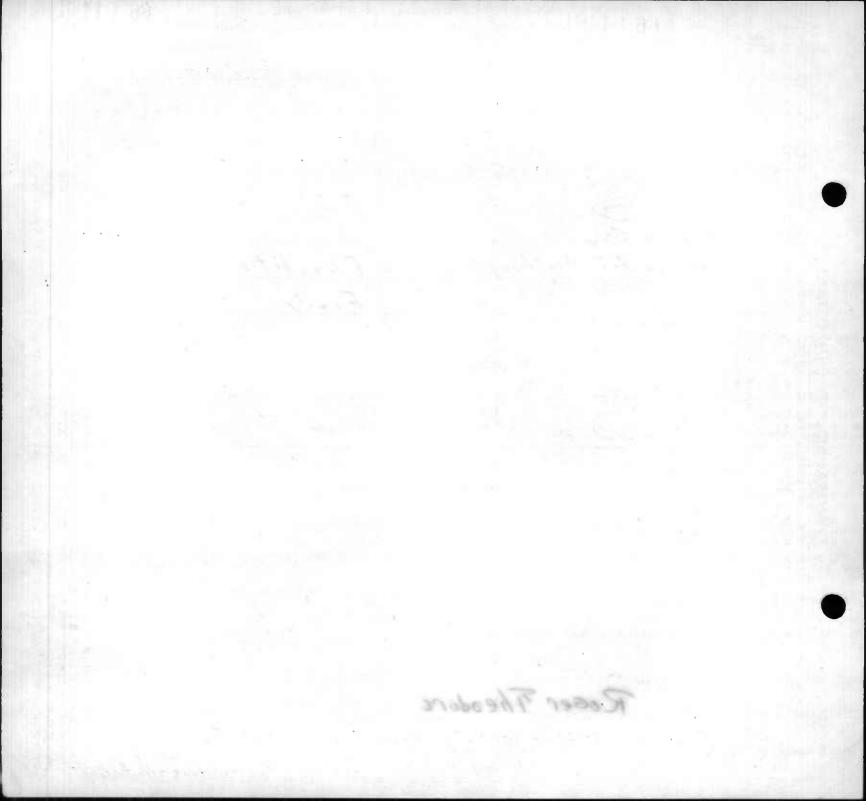
INM, MARCH 928 E. North Ave

VS 151-REV. 1/1/65



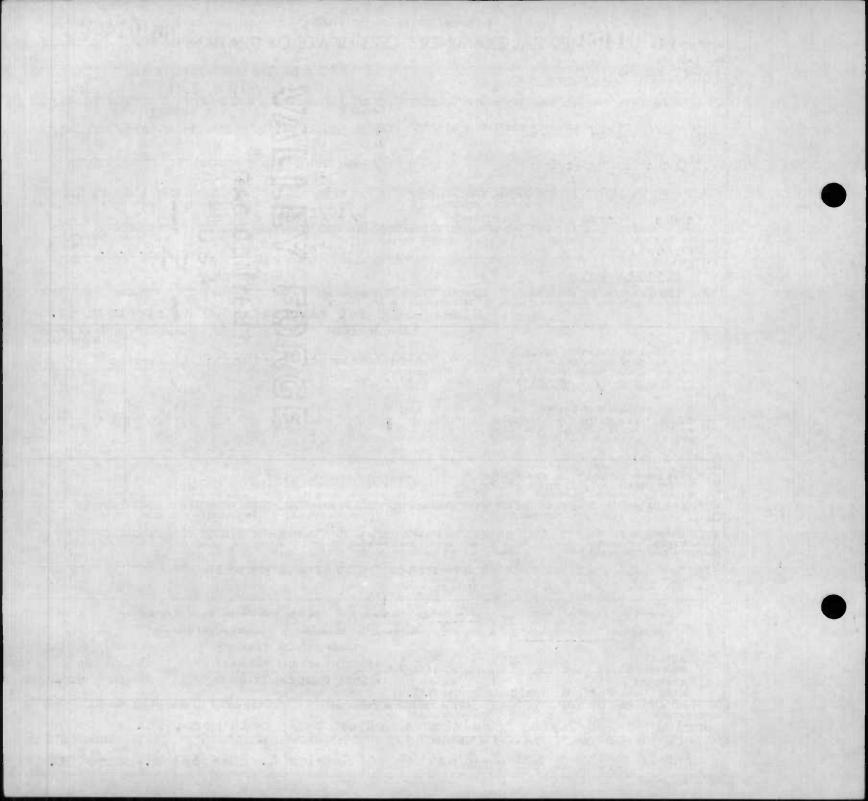
	00.04404	BALTIMORE CITY	HEALTH DEPARTMENT		66 01461	
	н но. 66 01461	CERTIFICA	TE OF DEATH	Registered No.		
1, N	. CASE NO. AME OF DECEASED		2. DATE A	ND HOUR OF DEATH		
	Catherine Dyso	n	Febr	uary 8, 196	66 10:25 PM	
3. F	Catherine Dyso		A. STATE B. COUI	pre deceased lived. If i	nstitution: residence before odmission)	
- 1	ULL NAME OF (If not in hospital or institution, give 40SPITAL OR address ai lacotion) NSTITUTION	sheet	Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
-	Provident Hospita	11	Baltimore			
7	1514 Division Str	eet	D. STREET ADDRESS (IF	iural, give location)		
-	Baltimore, Maryla		9:30 N. Str			
5. 5		DIVORCED (specify)	5-18-84	10st birthdoy	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.	
	USUAL OCCUPATION (Give kind of work 108, KIND OF BU	JSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gign country)	12. CITIZEN OF WHAT COUNTRY?	
1	louse wife		Maryland		U.S.A.	
3.	FATHER'S NAME	,	Maryland 14. MOTHER'S MAIDEN NA	ME		
1	Alexander Worthing	ton	Elizabet	16		
5.	Was Deceased Ever in U. S. Armed Forces? 16	S. SOCIAL	17. INFORMANT		ADDRESS	
10:	, no or unknown) (If yes, give war ar dates of service)	SECURITY NO.	Family			
_	18. 16-0 X 1	CAUSE O			INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY		1/ /	prodition	ONSET AND DEATH	
	LEADING TO DEATH	(A)	Chy dia Fr	non -		
	(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	1	***************************************		
	injury or camplication which caused death.)	2	20 1 T	1		
	ANTECEDENT CAUSES	(B) DUE TO	eny and re	<i>T</i> L		
	DISEASES OR CONDITIONS, if ony, giving	2	40 0 0 M	alinano		
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C) (A)	phonal (auguence	?	
	- 11		V V			
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
ATIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or N	ol 208. IF YES, WERE	FINDINGS CONSIDERED	
ERT	U		No			
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PL home, DEATH (notify medical examiner) 21B. PL home, etc.)	ACE OF INJURY (e.g., i form, foctory, street, o	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(II in Boltimo	ie City, give exoct facation)	
ED	21 D. TIME (Month) (Day) (Year) (Hour) 21 E, IN	IJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
\$	(APPROX.) While Work	At Not While	le 🗍			
	22. I certify that (I) (this hospital) attended the			1966 to Feb	ruary 8, 1966	
	that (I) (we) last saw the deceased alive an				Inian death occurred on the dat	
					inian death occurred an the dat	
	and hour and from the causes stated above. (1) (me) (aid) (aid not) v	view the bady after death.		23B. DATE SIGNED	
	of this is	A M.D. AH	ending Med.	Stoff		
	D. V. Card	Phy	/s. Director	Stoff Phys.	February 8, 196	
	23C. PHYSICIAN'S NAME (Type)	,	23D. ADDRESS	The second		
	Koger Thea	dore M.D.				
24/	REMOVAL (Specify) 24B, DATE 24C, NAM	E of CEMETERY OF CR	EMATORY 24D.	LOCATION	City, town, or county) (State)	
1	Byrial 2-12-66 Arb	ytus Mem	. PK. A.	1 b4 T45	Md.	
254		REGISTRAR	25C. FUNERAL DIRECTO	R /6	111-13 ADDRESS	
	FEB 10 1966 (P.C. 5 8	. Scaleuna	Sullivan F-4	nory / Hone	-N. Arlington Ave	
/5	150-REV. 1/1/65		7 1 4 6 1			

VS 150-REV. 1/1/65



BALTIMORE CITY 146 MEDICAL EXAMINER'S	HEALTH DEPARTMENT S CERTIFICATE OF DEATH Registered No. 1462
ANNA AMBROSE	2. DATE AND HOUR PRONOUNCED DEAD February 8 1966 . 10.1

	36 01463MED	ICAL EX	AMINER'S CI	ERTIFICATE	OF DI	EATH Register	red No.) <
M.E. CASE N	DECEASED	2007		2. D/	ATE AND	HOUR PRONOUNCE	D DEAD	
(Type or Print	ANNA AMB	ROSE		F	ebrua	ry 8, 1966		10:10 P _M
	BALTIMORE, MARYLAND, W			4. USUAL RESIDENCE A. STATE Mary]	(Where de	ceosed lived. If insti B. COU	tution: residence NTY	before odmission
FULL NAME HOSPITAL OI	R ADDRESS OR LOCA	ATION)	JTION, GIVE STREET	c. city or town (Balti	If outside o	corporate limits, write	RURAL ond give	e township)
Lu	theran Hospital			D. STREET ADDRESS				
C APV	It name	17 44 4 8 8 1 8 8			Keist	erstown Rd		W. 44
5. sex fema	6. RACE le negro	WIDO WED,	NEVER MARRIED DIVORCED (specify) Pied	9/10/190	0	9. AGE (In years lost birthday) 65		If Under 24 His Hours Min.
done during me	OCCUPATION (Give kind of wor ost of working life, even it retired) BOWITE	kTOB. KIND OF	F BUSINESS OR INDUSTRY	Virginia		country)	U.S.A.	UNTRY?
	Villie Duke			14. MOTHER'S MAIDER	Rebe	ecca		
	CEASED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT			ADDRESS	
res, no or unk	(If yes, give wor or dote	as or service)	212-32-388	9 Pat Ambr	ose	2800 Rei	stertow	n Rd.
1B.	122,1	7	CAUSE	OF DEATH		- 5		RVAL BETWEEN
D	ISEASE OR CONDITION DE	RECTLY	Anton	riosclerotic	o o w d d	Av. a a a 1 a w		
(This c	LEADING TO DEATH does not mean the mode of		(A) Artei	loscierotic	cardi	ovascular	uisease	
heort f	does not meon the mode of oilure, osthenio, etc. It meons or complication which coused	deoth.)	50110					
9 3	ANTECENDENT CAUS	ES						
RISE T	SES OR CONDITIONS, IF A	ANY, GIVING	DUE TO	***************************************				
	RLYING CONDITION LAST.		(C)			•••••		
U TO T	II R SIGNIFICANT CONDITIONS THE DEATH BUT NOT RE			Y Diene				
LL DICEA	SE OR CONDITION CAUSING	G IT.	100000000000000000000000000000000000000					***************************************
20	TE OF OPERATION 198, CON	RFORMED		no	IN	CERTIFYING CAUS	ES OF DEATH?	
O UNDERLY	ERNAL CAUSE WAS ING OR CONTRIB- CAUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., o, lorm, loctory, street, c	in or obout 21C. WHERE office bldg., INJURY OCC	E DID (IF CUR?	in Boltimore City, giv	ve exact location	
OF INJUI	RY		WHILE AT NOT AT W	WHILE ORK	AD INJUR	Y O CCUR?		iban:
22.	certify that I held an	nquiry 🗌	Inspection X Aut	opsy ond the	t on this	basis, deoth in m	y opinion	
	resulted fram: Natural co	uses X	Accident Suicid	Homicide	Un	determined manne	or 🗌	
	TUAL ///	Wilter	Thus was	CHIEF MEDIC			DA	TE SIGNED
EX	AMINER'S ME (Type) Rudiger	Breiten		ASSOCIATE MEDIC				2-9-66
23A, BURIAL	CREMATION, 23B. DATE		C. NAME OF CEMETERY O	CREMATORY	23 D. LO	CATION (City,	town, or county)	(Stote)
Buris		66	Baltimore N	ational	Ba:	ltimore,	Md.	
24A. DATE R	EC'D BY HEALTH DEPT.	1	OF REGISTRAR	24C. FUNERAL DI	RECTOR		ADDRE	SS
FE	B 1 0 1966 Q. 2.	\$ 34	cellenna	Charles	A. 1	Rice 661	W. Barr	e St.
VS 151-REV.	1/1/65	0.04	6000	x p 1				



the body was released ta the hospital by a medical examiner. Also, if 1 shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture af any

VS 150-REV. 1/1/65

if the direct ar cantributing cause af death ny kind; (4) Undetermined cause; (5) Deceased

haspital and

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accurred in

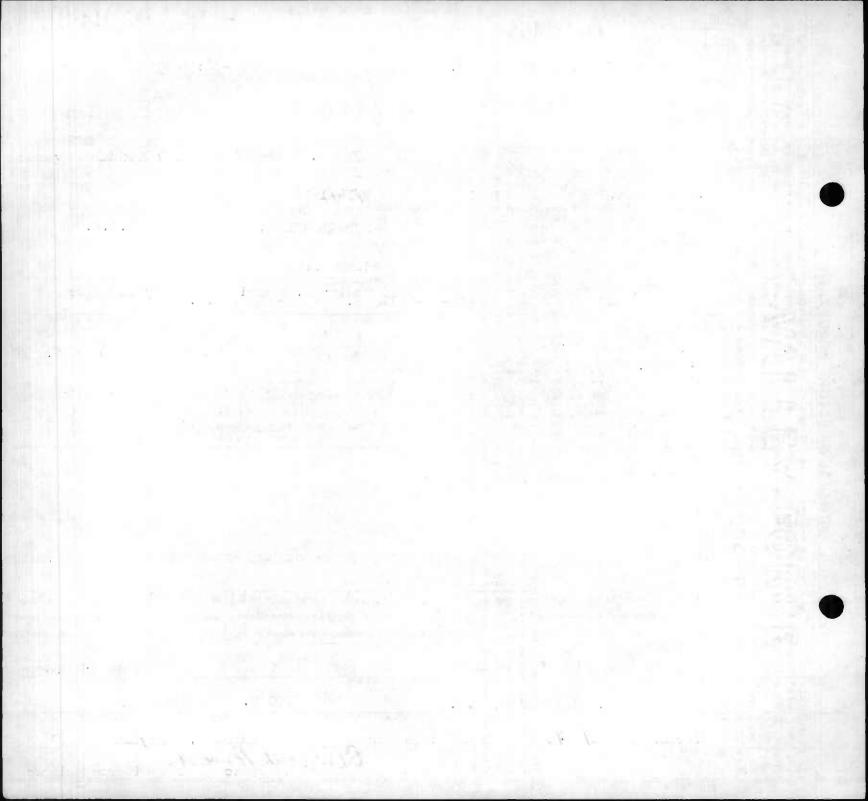
		TY HEALTH DEPARTMENT	
BIRTH NO. 66 (1)	L453 CERTIFICA	ATE OF DEATH Registered No.	C6 01463
N.E. CASE NO.		2. DATE AND HOUR OF DEAT	Н
(Type or Print) CLOE M. B	SICKERTON	2-8-66	8:30 P
3. PLACE OF DEATH IN BALTIMORE, MAR	MLAND	A. STATE B. COUNTY	institution: residence befare admiss
FULL NAME OF (If not in hospital of	or institution, give street	Maryland	43
HOSPITAL OR oddress or lacotion			e RURAL and give township)
Anderson's Nursing	, Hama	Baltimore	
		D. STREET ADDRESS ()f rurol, give focotion)	
3600 Hillsdale Road		3217 Howard Park Ave	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours Min
Female White	Widowed	May 31, 1888 77	
done during most of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTR	RY 11. B)RTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home		Ohio	U.S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	~
D. W. Botkins		Belle Wilson	
D.W. Botkins 15. Was Deceased Ever in U. S. Armed Forc (Yes, no or unknown) (Of yes, give wor or dates	ces? 16. SOCIAL	17. INFORMANT	ADDRESS
	s of service) SECURITY NO. 219-14-065	2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	15 77 1 2
No 18. / 44 9 V	CAUSE	Francis O. Bickerton 32	15 Howard Park
DISEASE OF CONDITION DIR			ONSET AND DEATH
LEADING TO DEATH		ebral hemorrhage	3 weeks
(This does not mean the made of heart failure, asthenia, etc. It means	dying, e.g., DUE TO		
injury ar camplicalian which caused	death.)	disease	70
ANTECEDENT CAUSES	(B) HYDO	ertensive cardiovascular	10 years
DISEASES OR CONDITIONS, if	any, giving	disease	
rise to the above cause (A) UNDERLYING CONDITION last.	slaling the (C) Act	eriosclerotic cardiovascula	r 16 years
II.			
O OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING	WWW.	
OTHER SIGNIFICANT CONDITIONS CONTOUR TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT			
₩ WAS PERF	DITION FOR WHICH OPERATION	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
₩ XXXXXX	*******	110	*****
W .	121 B. PLACE OF INJURY le.o.		
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH Inatify, medical examined	home, form, foctory, street,	office bldg., INJURY OCCUR?	ore City, give exact locotion)
OR CONTRIBUTING CAUSE OF DEATH Indiff, regical examines) O 21 D. TIME (Month) (Day) (Year)	home, form, foctory, street, etc.) **** (Hour) 21E INJURY OCCURRED	office bldg., INJURY OCCUR?	******
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OR CONTRIBUTING CAUSE OF DEATH Indiff, regical examines) O 21 D. TIME (Month) (Day) (Year)	home, form, foctory, street, etc.) 光光本 (Hour) 21E INJURY OCCURRED While 光光本 Not Will Work At Work	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	******
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21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH Indiffy, raped collexominer) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) ************************************	home, form, foctory, street, etc.) XHX (Hour) 21E. INJURY OCCURRED While XHX Not Will Work At Work At Work dolive on February 8, ed obave. (1) XH3 (did) (XHX WA)	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? hile	******* bruary 19 66
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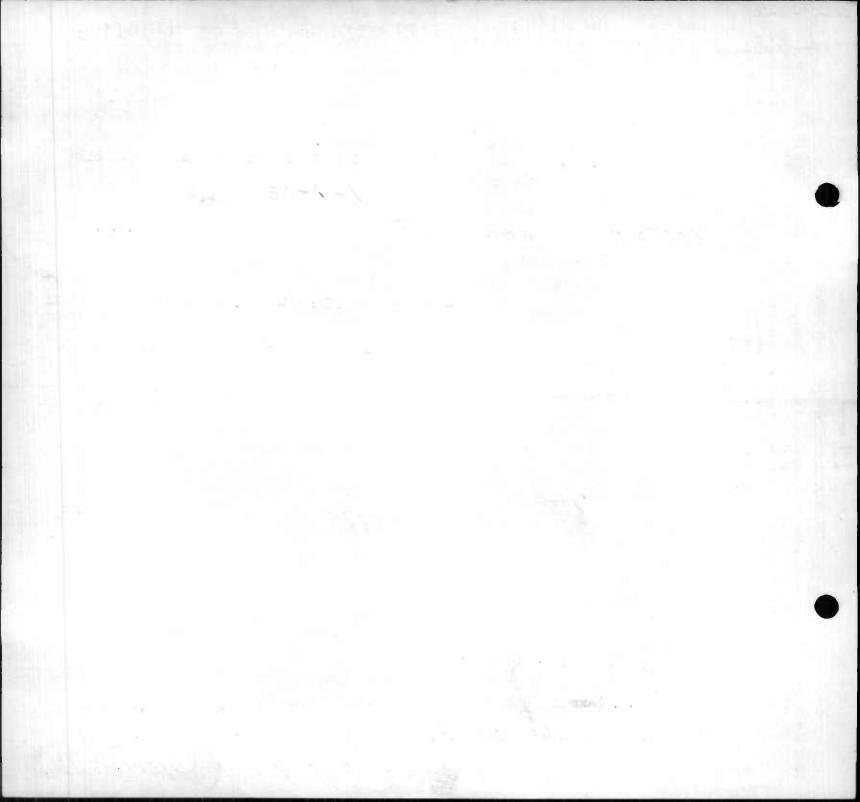
Armacost Funeral Chapel

4600 Liberty Heights Avenue

Ellsworth

1 T	AME OF DEC	EASED			2, 0	ATE AND HOUR OF DEATH	
стур	oe or Print)	MORRISON, CO	ORNELIUS	M.		2/9/66 - 2:30	PM
3. P		TH IN BALTIMORE, MA			4. USUAL RESIDENCE	E (Whose deceased lived. If in	nstitution: residence before admi
						- 8 -i	12
-	FULL NAME O	F (If not in hospital oddress or tocotic		give street	MARYLAND C. CITYOR TOWN	(If outside city limits, write	RURAL and give township)
"	NSTITUTION				c. BALTIMOR	E	
1					D. STREET ADDRESS	and the second second	
	K.	ESWICK			XXXXXXX	NINK XXIXIXI 412	27 Kathland Ave
5. S	EX	6. RACE		NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours N
	MALE	WHITE		OWED	9/14/1874	XX 91	
				BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot	e or foreign country)	12. CITIZEN OF
done		working life, even if retired)			HODGENSVI	LLE, KENTUCKY	WHAT COUNTRY?
13.	FATHER'S NAM	AE			14. MOTHER'S MAIL	· ·	
		HODDE			Elizabeth	2	
15 '		MORRISON Ever in U. S. Armed Fo	?	14 506141		•	ADDRECS
(Yos	s, no or unknown	Off yes, give war or det	les of sorvice)	216-10-741	Walter G	Morrison 829 1	Loyola Drive #4
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		plication which coused			1		
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IMPORTANT

FUNERAL DIRECTOR:

Such

to death. attendance

prior

BIRTH NO	66 014	.66	CERTIFICA	TE OF DE	ATH Registered No.	01466
M.E. CA	SE NO. OF DECEASED (IDA	V. HAR	RISON)		2. DATE AND HOUR OF DEATH	
(Type or	Print) 1 Da 11	200	45 DV		2.6.66 8	30 PM
3. PLACE	OF DEATH IN BALTIMORE, MA	RYLAND	-(-) O N		ENCE (Where deceased lived, If in	stitution: residence before admission)
FULL HOSPI INSTIT	NAME OF (II not in hospital TAL OR oddress or location UT)ON		give street	C. CITY OR TOV	8. COUNTY ON (If outside city limits, write I	RURAL and give township)
434	TIMORE NO AVENUE	4	HOSPITALS	D. STREET ADDI	The state of the s	1224
S. SEX	6. RACE	WIDOWED	NEVER MARRIED , DIVORCED (Secily)	B. DATE OF BIRT	lost birthday)	If Under 1 Yr.)f Under 24 Hrs. Months Doys Hours Min.
done durin	AL OCCUPATION (Give kind of work g most of working life, even if retired)	108, KIND OF	BUSINESS OF INDUSTR	TI. BIRTHPLACE	state or lateign country)	12. CITIZEN OF WHAT COUNTRY?
	lousewife	at H	ome	Baltim	ore, Maryland	U.S.A.
13. FATH	ERS NAME			14. MOTHER'S N	AIDEN NAME	
	James F. Bro			401	Mary ?	
Yes, no or	Deceosed Ever in U. S. Armed For unknown) (If yes, give wor or date	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
n	10			RECORDS:	BCH 4940 EASTERN	AVENUE #21224
18.	DISEASE OR CONDITION DIR	ECTLY	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(This	LEADING TO DEATH	duran in	(A)	ESPIR	Proper Trees	si clarels
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DISE	ANTECEDENT CAUSES ASES OR CONDITIONS, if	ony, giving	DUE TO		A ()	0 00
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22 1	certify that (1) (this hospital			1/3/63	10 *2	14/66 19
11				1 /		L /
	(I) (we) last saw the decease		-			nian death accurred an the date
	haur and fram the causes stat	ed abave, (I	(We) (did) (did nat)	view the bady at	ter death.	has been done
23A.	Silm D. K	eide_	M.D. At		red. Stoff Phys.	2 6 6 6 6
23C.	PHYSICIAN'S NAME (Type) DR. SIDNEY D. K	REIDER	M.D.	23D. ADDRESS	EASTERN AVENUE #2	1224
REA	urial (Specify) 2/10/6		ME of CEMETERY of CE		24D. LOCATION (C)	ty, town, or county) (State)

rect or contributing cause of death (4) Undetermined cause; (5) Deceased occurred in a hospital and written approval must be obtained before the remains are embalmed or final disposition is made. regular deceased or his assistant if death the death deceased prior to death); and (6) No physician was in regular attendance on pronounced A So. fracture This certificate must be approved by the chief medical examiner examiner. the physician who medical where the body was released to the hospital any nature; (except a hospital at was D.O.A. shows: (1)

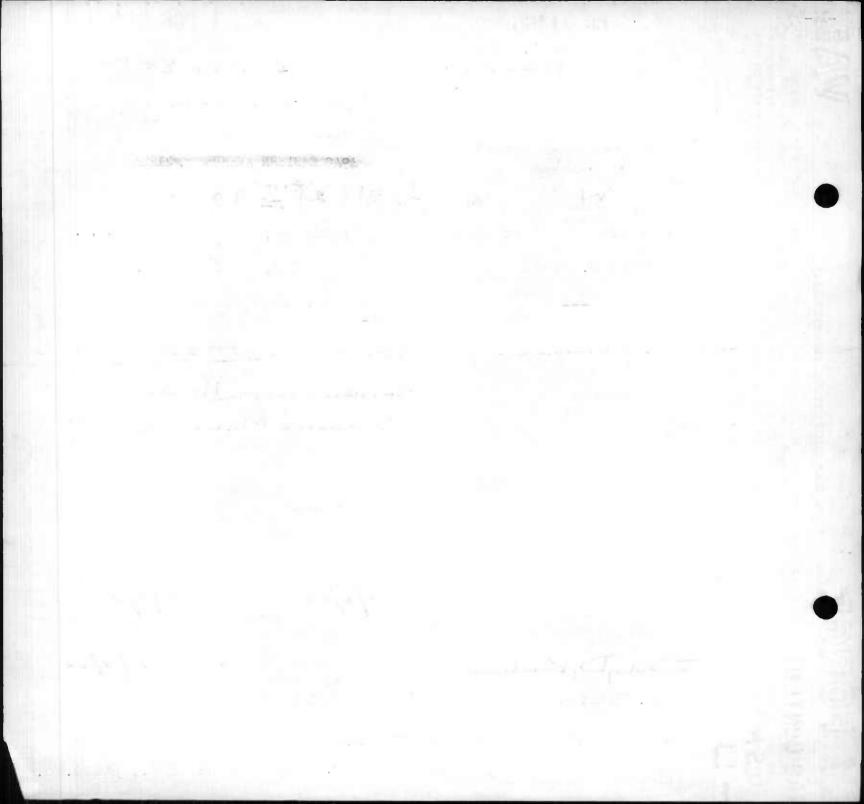
Cemetery | 1 66 Oaklawn

Baltimore, Maryland ADDRESS

25A. DATE REC'D BY HEALTH DEPT.

2/10/66

H. SANDER 80 SONS, INC., Balto.Md. 1



1	66	01457		BALTIMORE CITY HE	ALTH DEPARTMENT		66 01467	
BIF	TH NO.		ICAL EX	XAMINER'S	CERTIFICATE O	F DEATH Registe	ered No.	
M	E CASE NO.					DEXTIT		
T.	NAME OF DEC	EASED			2. DATE	AND HOUR PRONOUNC	ED DEAD	
(1)	pe or Printl	JOSEPH AA	RON BUL	L		February 8,	1966 4:50 P	
3.	PLACE IN BALT	IMORE, MARYLAND, V	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W. A. STATE Mary)	here deceased lived. If ins	titution: residence before admissi	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION					C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
1	4	Union Mem	norial H	ospital	D. STREET ADDRESS (III 4103	westview Rd.	18	
		6. RACE		, NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months, Doys, Hours, Mi	
_	ale	white		rried	9/18/1893	72		
do	ne during most of v	vorking life, even if retired) tate Broker		F BUSINESS OR INDUS	Baltinore,	Md.	12. CITIZEN OF WHAT COUNTRY?	
	John							
15, (Ye	was DECEASE s, no or unknown)	O EVER IN U.S. ARME Of yes, give wor or do World War	les of service)	16. SO CIAL SECURITY NO.	17. INFORMANT	V D.11	ADDRESS	
	18.	WOILU Wal	<u>+</u>		SE OF DEATH	M. BUIL Same	address as abov	
NO	DISEASES (RISE TO THI UN DERLYIN	of meon the mode of osthenio, etc. If meon sthenio, etc. If meon philocolon which coused NTECENDENT CAUS OR CONDITIONS, IF E ABOVE CAUSE (A) 1G CONDITION LAST.	ANY, GIVING	(B)				
CERTIFICATION	OTHER SIGN TO THE DISEASE OF	II NIFICANT CONDITIONS DEATH BUT NOT R R CONDITION CAUSIN	ELATED TO 1	NG THE				
CERT	19A. DATE OF	OPERATION 198, CO	NDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE FI		
EDICAL	UTING CAUSE OF DEATH.				office bldg., INJURY OCCUR	D (If in Boltimore City, gi	ve exact location)	
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Duy) (Ye	,	WHILE AT NO	T WHILE WORK	INJURY OCCUR?	Pleto tak	
	22.	ify that I held on	Inquiry 🗌	Inspection	Autopsy ond that or	this bosis, deoth in r	ny opinion	
	ACTUAL SIGNATI		rug.		Ide Homicide CHIEF MEDICAL D. ASSISTANT MEDICAL		DATE SIGNED	
	EXAMIN NAME (1	ER'S Rudiger		necker, M.D.	ASSOCIATE MEDICAL	EXAMINER .	2-9-66	
	A. BURIAL CREA MOVAL (Specify		23	C. NAME of CEMETER	or CREMATORY 23	D. LOCATION (City	, town, or county) (State)	

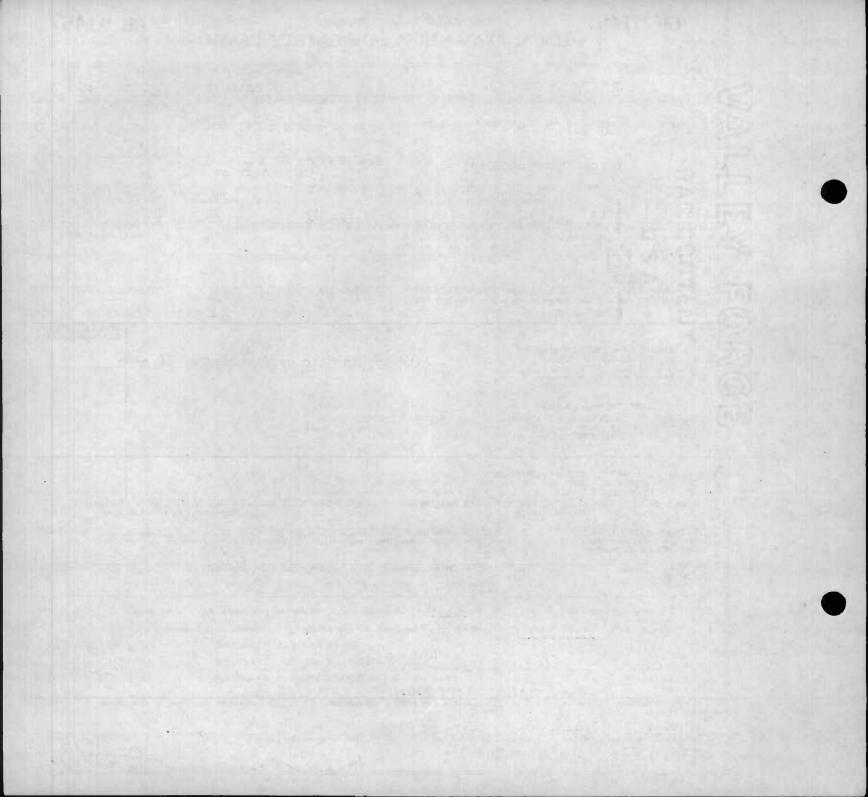
23D. LOCATION

Burial 2/11/1966 Lorraine Park Cemetery Woodlawn, Md.

24A. DATE REC'D BY HEALTH DEPT.

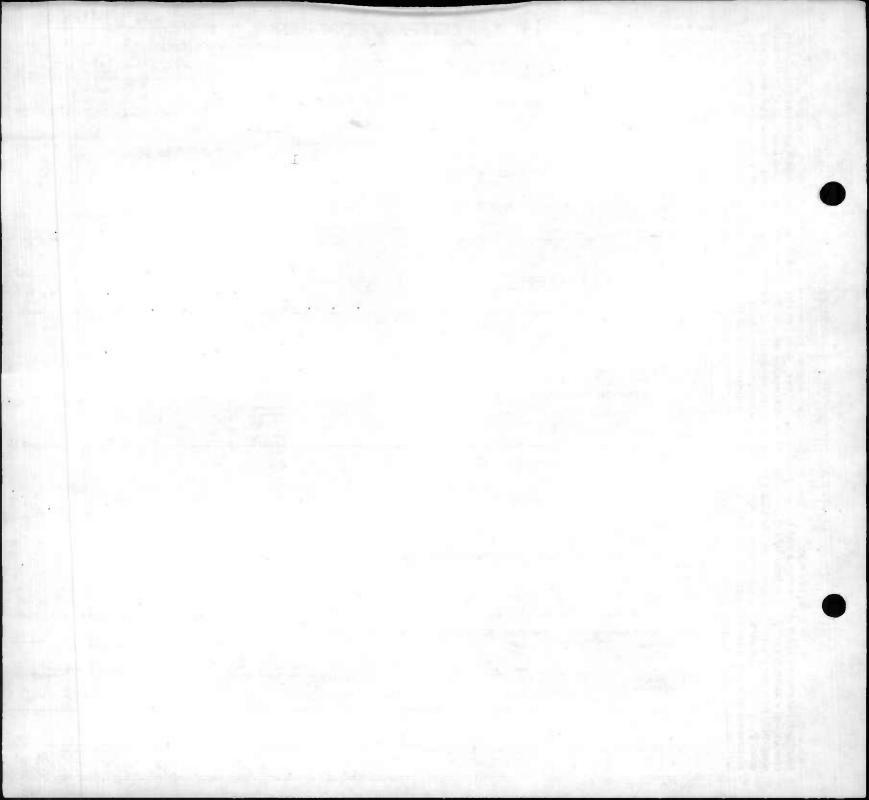
FEB 10 1966 Company Street Wing. Dichner Sons

VS 151-REV. 1/1/65



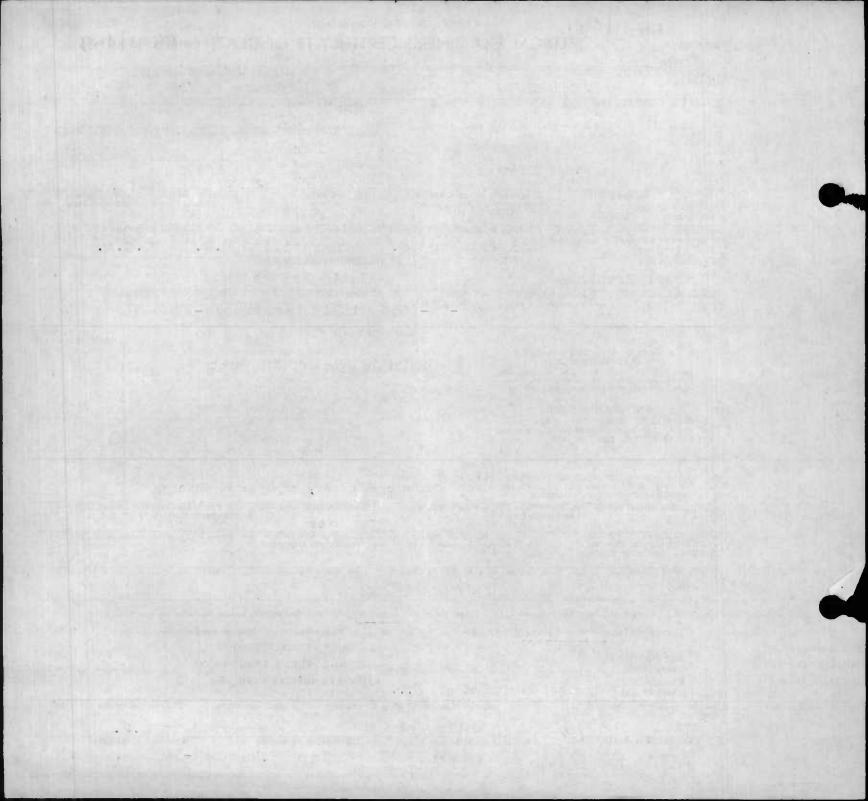
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

BIRTH NO. 66 1) 14	13.	1 %		CHIACS				
	68 CERTIFICA	TE OF DEATH	Registered No. 6	0 01400				
M.E. CASE NO. 1. NAME OF DECEASED		2, DATE AND	HOUR OF DEATH					
(Type or Print) / DD// 120	(200000			1 31110				
Type or Print) Z / P P / MR. 3. PLACE OF DEATH IN PALTIMORE, MARYLAN	OLORGE	4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission						
S. PEACE OF BEATTING JACTIMORE, MARIENT		A. STATE R. COUNTY Pennsylvania (Franklin / 36						
FULL NAME OF (II not in hospital or inst	itution give street							
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township) Revetteville, 2: 2 & D. STREET ADD							
INSTITUTION								
BON SECOU								
		/ RUD #1/ 17	Ch KIEIU	2 Rec				
	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In Lears	Under 1 Yr. Il Under 24 H				
m (11) \tilde{i}	DOWED, DIVORCED (specily)	4/13/78 10	st birthday) Ma	nms Doys Hours Min.				
10A, USUAL OCCUPATION (Give kind of work) 108, K	VICTOWED	TO PROTURE A SECTION	8 /					
done during most of working life, even if retired)	IND OF BOSINESS OF INDOSIKI	1). BIRTHPLACE (State or loreign	Country	CITIZEN OF WHAT COUNTRY?				
Bricklayer		Pennsylvani	ia					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAMI						
S. PATHERS NAME		14. MOTHER'S MAIDEN NAM	•					
? Lippy		?						
	1 6. SOCIAL	17. INFORMANT		ADDRESS				
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of s	17. INFORMANT 101 Springway Ct.							
No None		Mr. H. L. Lippy Towson, Md. 4						
18. 4 6 1 1	CAUSE O		TTTDOM, IIU.	INTERVAL BETWEEN				
/ / / /				ONSET AND DEATH				
DISEASE OF CONDITION DIRECTLY	0.	1 .	/					
	(A) Chas	esting abdomin	of aneury	12 hus.				
(This does not mean the made of dying heart failure, asthenia, etc. It means the d	, e.g., DUE TO							
injury or camplication which caused death	.)							
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) G: 5. C. W. Disease DUE TO								
DISEASES OR CONDITIONS, if ony, giving								
rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.								
UNDERLYING CONDITION Incl.	ONDERLING CONDITION 1851.							
UNDERLYING CONDITION last.								
- 11								
OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING	6. 6.4	1.0	(
OTHER SIGNIFICANT CONDITIONS CONTR. TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IBUTING TO THE CON	gestive heart	failure	6 hora.				
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE CON	gestive heart	208. IF YES, WERE FIND	INGS CONSIDERED				
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	BALTIMORE	CITY	HEALTH	DEPARTMEN	IT
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	6 01469	BALTIMORE CITY HEAL		0.01400
BIRTH NO.	MEDI	CAL EXAMINER 3 CI	ERTIFICATE OF DEATH Register	ed Mai Land
M.E. CASE NO.	CEACED		2. DATE AND HOUR PRONOUNCE	D DEAD
(Type or Print)		BROOKS	February 6, 1966	
2 PLACE IN RAI		HERE PRONOUNCED DEAD		6:30 Am.
3. FLACE III DAL	INVOKE WARIERIO, W	HERE PROMOTINGED DEAD	A. STATE Maryland Maryland	NTY
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write	RURAL and give township)
HOSPITAL OR	ADDRESS OR LOCA	(IION)	Baltimore	15-12
			D. STREET ADDRESS (If rural, give location)	
2	Sinai	Hospital		
5. SEX	6. RACE	T AAADDIED NEVED AAADDIED	2702 Ulman Ave.	If Under 1 Yr. If Under 24 Hrs.
		7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	lost birthday)	Months Doys Hours Min.
male	negro	Married	0/2/1914	
	UPATION (Give kind of work working life, even if retired)		11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OFWHAT COUNTRY?
Binde	er	Calvert Rug Co.	Kernersville N.C.	U.S.A.
13. FATHER'S NA			14. MOTHER'S MAIDEN NAME	Part of the second
Samue]	Brooks		Sadie Brooks	
	ED EVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT	ADDRESS
(res, no or unknow	The wor or dole	s of service) 246-05-9854	Willie Mae Brooks-270	2 Ulman Awe
118. // 1	7 0 1	CAUSE	OF DEATH	INTERVAL BETWEEN
4 2	SE OR CONDITION DI			ONSET AND DEATH
DISEASES RISE TO TI UN DERLY OTHER SIGN TO THE DISEASE OF THE DISE	ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) SI NG CONDITION LAST. II SNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING F OPERATION 198. CON WAS PERI	CONTRIBUTING LATED TO THE Chronic OIT. COMMENT WHICH OPERATION COMMENT OF THE CHRONIC COMMENT OF THE CHRONIC COMMENT OF THE CHRONIC COMMENT OF THE CHRONIC CH	pulmonary emphysema, severe 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN IN CERTIFYING CAUS YES	IDINGS CONSIDERED ES OF DEATH?
O UNDERLYING	OR CONTRIB- USE OF DEATH. (Month) (Doy) (Year	home, form, factory, street, a	in or about 21C. WHERE DID (If in Baltimore City, give fice bidg, INJURY OCCUR?	e exact locotion)
OF INJURY (APPROX.)	111011111/ (2007)	m. WHILE AT NOT WORK AT W	WHILE [
	NER'S Rudiger EMATION, 238 DATE	Accident Suicide M.D. Breitenecker, M.D. 23C. NAME of CEMETERY of	Hamicide Undetermined manne CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED 2-6-66
24A. DATE REC'I	BY HEALTH DEPT.	24B NAME OF REGISTRAR	24C, FUNERAL DIRECTOR	ADDRESS
FEB	10 1966 A.P.	BE, Feerburna	Herbert E.Nutter -30	
VS 151-REV. 1/1	/65	The state of the s	A 1 1 1 1 1	



the body was released

deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made.

on the Such

prior to death. attendance COUSE

cause; (5) Deceased

00 01400	BALTIMORE CITY	HEALTH DEPARTMENT	()(1 (1 4 APO)
BIRTH NO. 66 ()147()	CERTIFICA	TE OF DEATH	Registered No.66	014/0
M.E. CASE NO. 1, NAME OF DECEASED			HOUR OF DEATH	
(Type or Print) Catherine T.	ena Murphy	Feb 5,	1966	100
(Type or Print) Catherine I 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, gr	to.	4. USUAL RESIDENCE (Where de A. STATE B. COUNTY Maryland		ution: residence before odmission
HOSPITAL OR oddress or tocotion) 10 2410 Montebello T		c. CITY OR TOWN (If outside Baltimore		RAL and give township)
0		2410 Montebel	l, give locotion) lo Terrac	е
5. SEX 6. RACE 7. MARRIED, N	DIVORCED (specify)	8. DATE OF BIRTH 9.	AGE (In years I t birthday)	f Under 1 Yr. If Under 24 Hr Aonths: Doys Hours Min.
Female Colored Marr	ied	Feb 28,1899	66	12, CITIZEN OF
done during most of working life, even if refired) Housewife Ho	ome	Philadelphia,		U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Jacob Smith		Alice Brook	S	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	24	10 Montebello
No		Mr. Howard H.	עד וא רדייר דייניי	errace
18. 420.11	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	M	0.00	0 0	- 1.
LEADING TO DEATH	(A) \ \ \	wounde al)	your	8 Mun Sq
(This does not meon the mode of dying, e.g., heart failure, osthenia, etc. It meons the disease, injury or complication which caused deoth.)	DOE 10	4	11	
ANTECEDENT CAUSES	(B) W.	lewscled	Lac Heart	7
DISEASES OR CONDITIONS, if any, giving	DUE TO		Disease	
rise to the obove cause (A) stating the UNDERLYING CONDITION lost.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No)	OB IF YES, WERE FINE N CERTIFYING CAUSE	DINGS CONSIDERED ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. F	PLACE OF INJURY (e.g., ir, form, foctory, street, of	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
Z1D. TIME (Month) (Doy) (Yeor) (Hour) 21E. I While Work		21 F. HOW DID INJUR	OCCUR?	
22. I certify that (I) (this hospital) attended the	deceased from	an - 23 191	66 10 Th	1966
that (I) (we) lost sow the deceased alive on	726.4	19 6 6 and that	in(my) (our) opinio	on deoth occurred an the da
and haur and fram the couses stated above. (1)	(We) (did) (did not) v	iew the body ofter deoth.		
23A. SIGNATURE K	M.D. Atte	nding Med. Sto		2-7-66
23C. PHYSICIAN'S NAME (Type) K. A.D.A.M	5 M.D.	1222 NI	aroline	e8t
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY or CRE	MATORY 24D, LOC	ATION (City,	town, or county) (State)
Burial 2/8/66 ARE	BUTUS MEMOR	IAL PARK ARBU	TUS BALT	O CO. MD

258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH For Cours 1966 VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR ADDRESS E. Nutter 3035

Herbert

W. North

Alice Brooks

of death

on the Such

attendance

death.

2

prior

BIRTI	i NO.	CC TILATI		BALTIMORE CITY CERTIFICA		9	Registered Na.	68	5:014718	75.
M.E.	CASE NO.	00 0147		CERTIFICA	IL O		ID HOUR OF DEATH	4-11/65	179	7
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d	2.5	ETHEL	OLAI	1	4. USUA		pary 28-19		esidence before odmissi	
40	7	Bailen			A. STATE	B. COU	N TY			
101	ULL NAME O IOSPITAL OR INSTITUTION	F (If not in hospile oddiess or locati	on)			cyland or town (If o	utside city limits, write			
0				21232	D. STREE	-	rural, give location)		0/-	21
R	s. 65	69 St. He	lena A	venue	656	59 St. He	elena Aven		21222 26	Н
5. S		6. RACE	WIDO	ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE O	-6	9. AGE (In years last birthday)	If Under Months	Doys Hours Min	rl r
TOA	USUAL OCCU	White	W101	OF BUSINESS OR INDUSTRY			4	12. CITI:	ZEN OF	
	T 19 1	working life, even if retired Room: Work		ra Fashions	3	ennsylv	ania		J.S.A.	
13.	FATHER'S NAN	ΛE			14. MOTE	HERS MAIDEN NA		100	14.	
		Steve S	okach			Julia 1	Barati		2	
15. \	Nos Deceased	Ever in U. S. Armed F	orces?	1 6. SOCIAL SECURITY NO.	17. INFOR	MANT			ADDRESS	_
,,,,,,	No	No		203-22-1675	Son.	Mr. Jai	mes Olah,	# 4.8	b.c.	
	1B. / S/	2 X - 1		CAUSE O					INTERVAL BETWEEN	Т
		E OR CONDITION E			2 -	4	01.0		1 / D	
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	heorf failure,	osthenio, etc. It meor plication which couse	s the disec					/	1	
	7	ANTECEDENT CAUSI	S	DUE TO			**************************************			
		OR CONDITIONS, if								
		CONDITION lost.	, slotting	Ihe (C)		**************************************	\$\$\$\$\$\$\$ = \$\$\$\$\$\$\$\$\$=\$\$		оо миоми оо	
	2"	II						*1.		_
ATION	TO THE D	FICANT CONDITIONS EATH BUT NOT RE CONDITION CAUSING	LATED TO	TING .			4	41 -	3	,
CERTIFIC	19A. DATE OF		NDITION FO	OR WHICH OPERATION		N O	IN CERTIFYING C	FINDINGS AUSES OF	CONSIDERED DEATH?	
CAL CE	OR CONTRIBL	NT WAS UNDERLYING UTING CAUSE OF medical examiner		21B. PLACE OF INJURY (e.g., i hame, form, factory, street, a etc.)	n ar about ffice bldg.,	21C. WHERE DID INJURY OCCUR?	(If in Baltima	re City, giv	re exact tacotion)	**
EDI	21 D. TIME OF INJURY	(Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURRED		21 F. HOW DID IN	JURY OCCUR?			-
8	(APPROX.)	•		While At Not Whi Wark At Wark		Λ				•
	22. I certify	that (1) (this hospit	al) attende	d the deceased fram	Ju	ly	19 05 to	1-2	8 1965	2.
	that (I) (we)	last saw the decea	sed alive o	n 1-24	19	6 6 and t	hat in (my) Loor) ap	inian dea	th accurred an the	d
	and haur and	from the causes st	ated abave	o. (1) (We) (did) (did not)	view the l	bady after death				400
	23A, SIGNATU	IRE ///	1/1/1	M.D. Att	ending	Med.	Stoff Phys.		18 1966	
	23C. PHYSICIA NAME (T	ype)	V ()		23D. ADDI	RESS			194	-
1		Wyman	K. Wo	ng / M.D.	6901	Dunmanw	ay, Dunda	LK, M	d. 21222	

31-

BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY

Jan.

24D. LOCATION (City, town, or county)

Gardens of Faith

Trumps Mill Rd. Balto. Md .

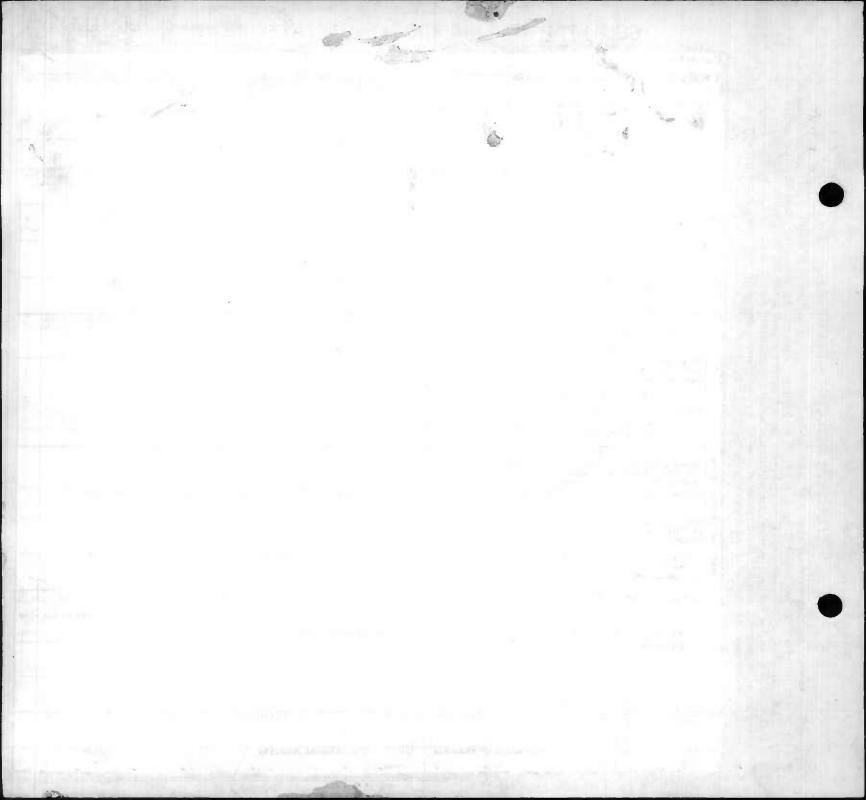
25C. FUNERAL DIRECTOR J. DUDA Dundalk, Md. TOHN

VS 150-REV. 1/1/65

LB 8 1966

ADDRESS

(State)



death his assistant if IMPORTANT the chief medical examiner DIRECTOR: FUNERAL by

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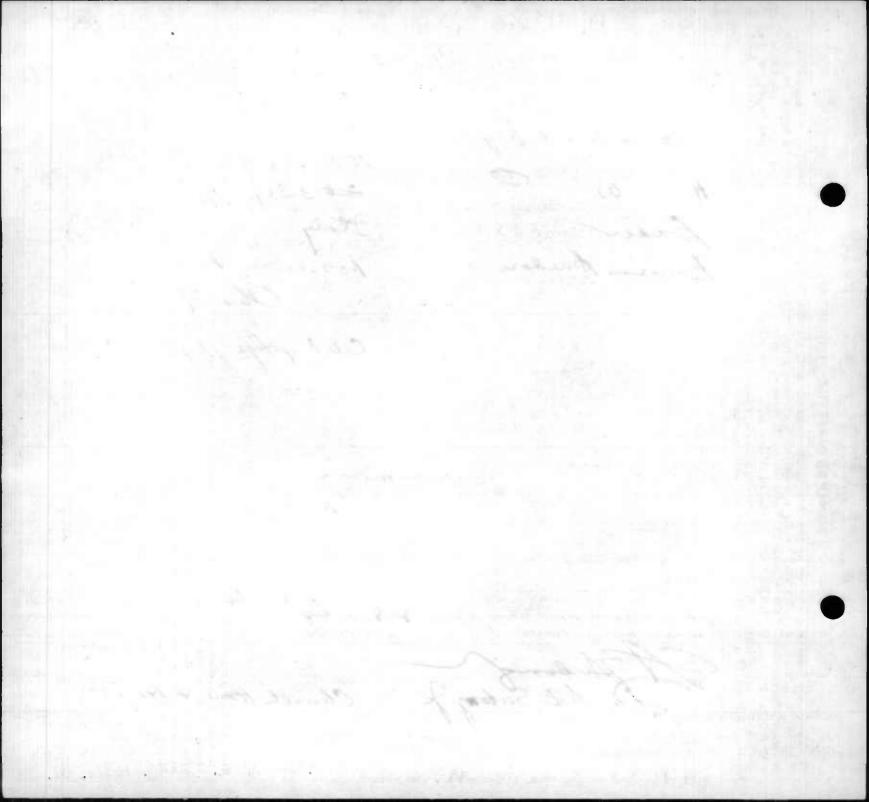
the body was

must

certificate

approved

BALTIMORE CITY HEALTH DEPARTMENT Registered No.16 () 1472 RTIFICATE OF DEATH BIRTH NO. I in a hospital and ng cause of death cause; (5) Deceased Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH MEDORO (Type or Print) uo death. 4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission) ance (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location (Il outside city limits, write RURAL and give township) attend 0 prior (Il Turol, give location) Undetermined regular is mad 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED AGE (In years If Under 24 Hrs. Hours Min. Il Under 1 Yr. deceased Months: Doys WIDOWED, DIVORCED (specily) Hours st birthdov 12. CITIZEN OF 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY ACE (State or foreign country or final disposition = kernetired F S Maranto Mas 14. MOTHER'S MAIDEN NAME 4 Isers death LO Jo. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL (Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO. attendance 213-03-0387 any pronounced ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not meen the mode of dying, DUE TO heart failura, asthenia, etc. It means the disease, regular injury or complication which coused death.) ANTECEDENT CAUSES who DUE TO are DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION last the remains Was burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No! 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? 3 (If in Boltimore City, give exact location) where å MEDICAL DEATH (notify medical examiner) etc.) nature; obtained (Month) (Doyl (Year) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Hourl 9 OF INJURY (except While At Not While (APPROX.) Work At Work and any 22. I certify that (1) (this hospital) attended the deceased fram that (I) (we) lost saw the deceased alive on... ond that in(my) (our) opinion death occurred an the date of death) a hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must An accident 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Stoff prior to Phys. approval NAME (Type) 23D. ADDRESS to M.D. D.O.A. 24A. BURIAL CREMATION. eceased REMOVAL (Specily) written shows: BALtimore, Holy Redeemen (emetery 66 Was 25C. FUNERAL DIRECTOR 258. NAME OF REGISTRAR ADDRESS John A. Moran, Inc. 3000



rect or contributing cause of death (4) Undetermined cause; (5) Deceased death. 3. PLACE OF DEATH IN BALTIMORE 4. USUAL A. STATE RESIDENCE (Where deceased lived, II institution; residence before admission) B. COUNTY attendance MARYLAND (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR YOWN (If outside city limits, write RURAL and give township 0 BALTIMORE CITY HOSPITALS BALTIMORE 4940 Eastern Avenue prior D. SYREET ADDRESS (If rurol, give locotion)
621 Macon Street - 21224 Baltimore, Maryland 21224 regular mad 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE B. DAYE OF BIRYH 9. AGE (In years If Under 1 Yr. deceased WIDOWED, DIVORCED (specify) lost birthdoy Female White 6/29/75 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRYHPLACE (State or foreign country) 12. CIYIZEN OF isposition WHAT COUNTRY? done during most of working life, even if retired) = POT AND Poland Packing House SD 13. FATHER'S NAME 14. MOYHER'S MAIDEN NAME the direct 3 Deceased Wolaniec Deceased IMPORTANT death LO 17. INFORMANY 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. final BCH 4940 Eastern Ave., Balto, Md. 21224 Records: ance 216-09-8254 No any pronounced CAUSE OF DEATH OF attend DISEASE OR CONDITION DIRECTLY 30 embalmed LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. It means the disease, FUNERAL DIRECTOR: gular injury or complication which caused death.) ANTECEDENT CAUSES who re are DISEASES OR CONDITIONS, if any, giving 3 lo the above cause (A) stating the physician remains UNDERLYING CONDITION lost. Was **Body burns**; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. Cian 19A. DAYE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? physi the body was released to the hospital by any nature; (2) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where (If in Boltimore City, give exact location) Ŷ MEDICAL DEAYH (notify medical examiner) etc.) by obtained (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While [(APPROX.) Work At Work and 22. I certify that (1) (this hospital) attended the deceased from.... (aur) opinion death occurred on the date that (1) (we) last sow the deceased alive on eath) 0 hospital and hour and from the couses stated above (()/(We) (did) (did not) view the body after death. accident must 23A. SIGN AY URE Ö Attending Phys. Med. M.D. 10 Director approval 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior at An M.D. D.O.A. 24A. BURIAL CREMATION, 24B. DATE shows: (1) 24C. NAME of CEMEYERY OF CREMAYORY eceased Holy Rosary Cemetery Burial 2/11/66 Baltimore Co. Md.

NTW

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SD M

10 1966

VS 150-REV. 1/1/65

M.E. CASE NO.

(Yvne or Print)

BALTIMORE CITY HEALTH DEPARTMENT

ERTIFICATE OF DEATH

Registered No. GG 1114'7'3

If Under 24 Hrs.

Hours

INTERVAL BEYWEEN

ONSEY AND DEATH

ADDRESS

2. DAYE AND HOUR OF DEATH

John M. Waber & Chest

AUJU took I never GENERAL GOUTON 400

D.O.A.

Was

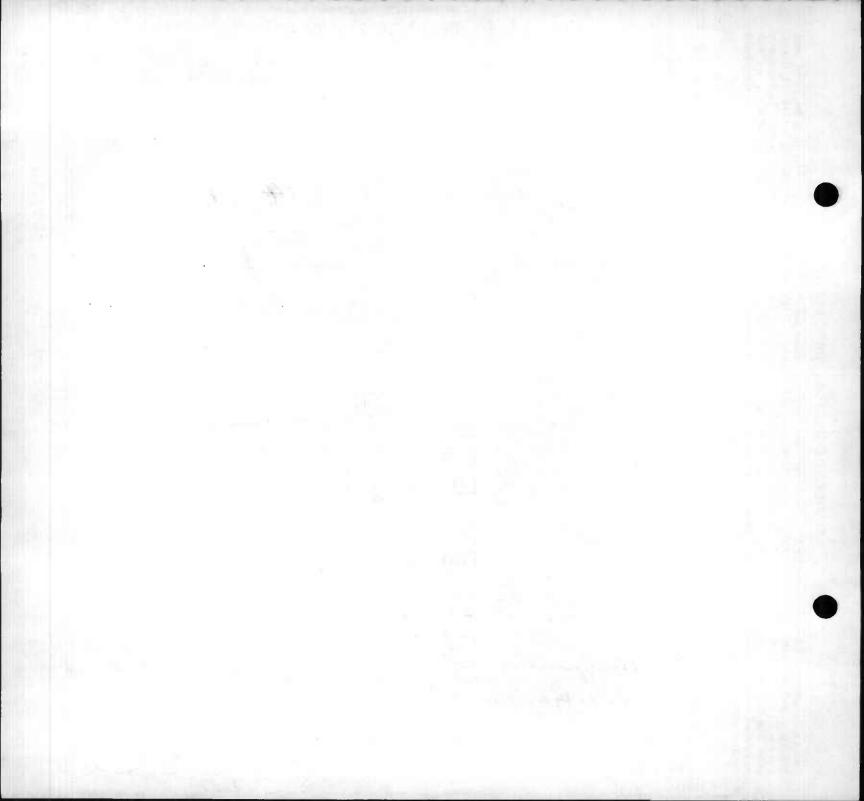
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attend

BALTIMORE CITY HEALTH DEPARTMENT Registered No.6 111474 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) HELEN BLACK death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A. STATE
B. COUNTY Mary lan (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddiess or location) C. CITY OR TOWN (If outside city timits, write RURAL and give township. Phurch Home Hos made. 5. SEX 9. AGE In years 6. RACE MARRIED, NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) lost birthdoy Months Doys wores IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote of foreign country 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working tife, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL final SECURITY NO. 206 S. WAS HINGTON ST INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. 11 means the disease, injury or complication which coused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the remains UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examined) MEDIC (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) At Work 22. I certify that (I) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive on and that In(my) (aur) apinion death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death, must 23A. SIGNATURE 23 B. DATE SIGNED Attending Stoff Med. Phys. pproval 23D. ADDRESS prior Rodo CF eceased 24D. LOCATION

MEADOWRIDGE MEMORIAL JOHN M. WEBER & SONS INC 258, NAME OF REGISTRAR V\$ 150-REV. 1/1/65



VS 150-REV. 1/1/65

Such

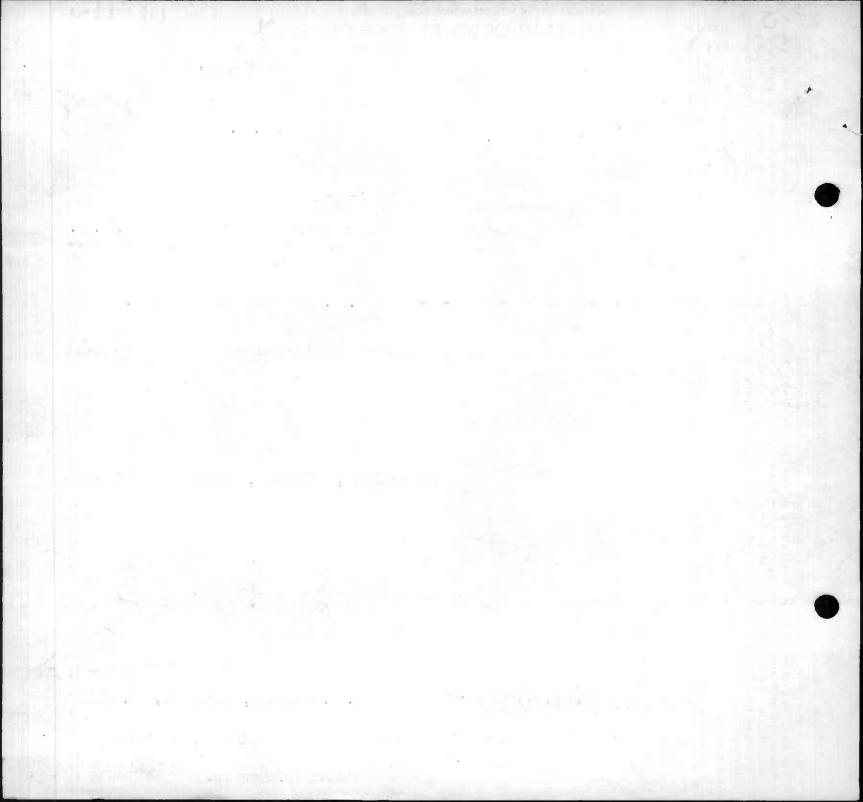
prior to death.

a hospital

		HEALTH DEPARTMENT	66 01475
BIRTH NO. 66 () 14	CERTIFICA	TE OF DEATH Registered No	00
1. NAME OF DECEASED (Type or Print) JONES, James	s Filmore	2. DATE AND HOUR OF DEAT February 2, 19	
FULL NAME OF Oldress or location Institution Veterans Admin 3900 Loch Rave Baltimore, Mar	institution, give street istration Hospital n Blvd.	A. STATE B. COUNTY District of Columbia C. CITY OR TOWN (If outside city limits, write Washington, D. C. D. STREET ADDRESS (If rurel, give location) 1406 Half Street NW	1-49
5. SEX 6. RACE Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH 8-27-86 9. AGE (In yeors lost birthdoy) 79	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
IGA. USUAL OCCUPATION (Give kind of work done during most of working lile, even if retired) Laborer	108. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME Milton Jones		Cornelia Humbhries	
(Yes, no or unknown) (If yes, give wor or dotes Yes	of service) SECURITY NO.	V. A. Hospital, Baltimor	ADDRESS e, Md. 21218
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not meen the made of heart failure, asthenia, etc. It means injury ar complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or ise to the abave cause (A) UNDERLYING CONDITION (ast.)	dying, e.g., the diseose, deoth.) (B) DUE TO	Porovascular accident	interval Between onset and death 24 hours
OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT	TED TO THE Thibanous	losis, Pulmonary, Active	2 months
198. CON WAS PERF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED	n or obout 21C. WHERE DID (If in Boltim ffice bldg., INJURY OCCUR?	AUSES OF DEATH? ore City, give exoct locotion)
22. I certify that (A) (this hospital) that (A (we) last sow the decease and hour and fram the couses state 23A. SIGNATURE	d olive on February Z	vember 30 19 65 to Feb. 19 66 ond that in (My) (our) of the body ofter death.	pinion deoth occurred on the do
23C. PHYSICIAN'S NAME (Type) JORGE SOSA 24A. BURIAL CREMATION FOR DATE	Willer W.D.	V. A. Hospital, Baltimon	re, Md. 21218
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 2/8/1966 BUTIAL 25A. DATE FEB 1 1 1965	Arlington Nation	Arlington, V	irginia. ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS

... G. Mason Co

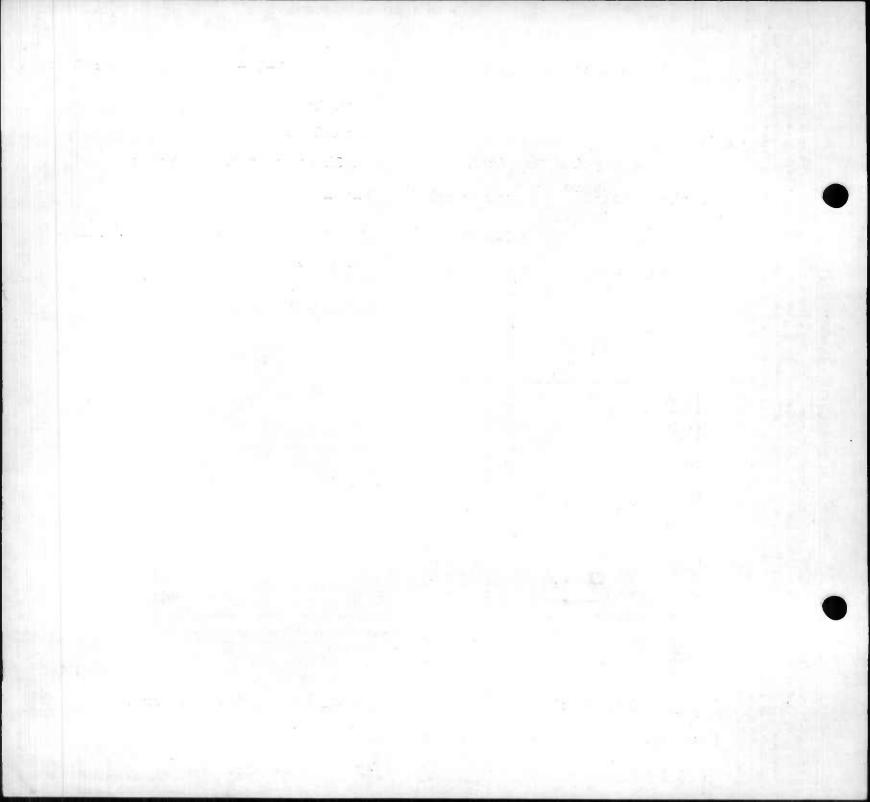
ADDRESS 2500 Nichols Ave. SE.



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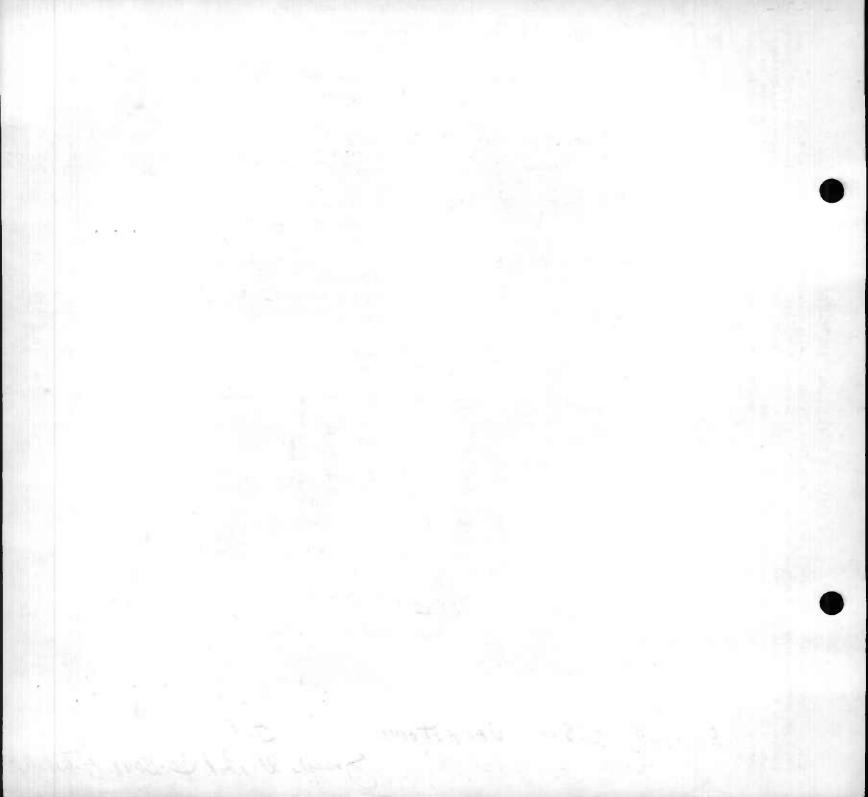
BALTIMORE	CITY	HEALTH	DEPARTMENT

(Type or Print)	1477 CERTIFICA	2. DATE AND HOUR OF DEAT	Н
DVIELLE I	hompson	2-10-66	6:42 a
Lynette T B. PLACE OF DEATH IN BALTIMORE, MAR	RYLAND	4. USUAL RESIDENCE (Where deceosed lived, II	institution: residence before admissio
FULL NAME OF (If not in haspital and address or location)	oi institution, give street i)	Maryland c. city of town (If autside city limits, with	e RURAL and give tawnship)
3		Baltimore D. STREET ADDRESS (If wild, give location)	
The Johns Hopkins	Hospital	1031 East Madison S	treet
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr Months: Doys Haurs Min.
Female Negro	Never Married	9-20-58 745	
10A. USUAL OCCUPATION (Give kind of wark dane during mast of warking life, even if retired)	108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLA CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	STUDENT	BALTIMORE, Md	U.S. Q.
13. FATHERS NAME	7700000	14. MOTHER'S MAIDEN NAME	0,73:44
		Marin Dinley ass	
John Thompson	16 60014	Mary Pinkney	ADDRESS
5. Was Deceased Ever in U. S. Armed Face (Yes, no oi unknown) (If yes, give woi oi dotes	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT/108, E. North	WU, ADDRESS
NO	None	mary Garrison	
18.05301	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIR	RECTLY	1 1 1 1	ONSET AND DEATH
LEADING TO DEATH	(A) Ru	chercla Enros valities	- 11 days
(This does not mean the made of			
heart laiture, asthenia, etc. It means injury at camplication which caused		Λ Λ Λ	1-1
ANTECEDENT CAUSES	(B)	Reevera	15 days
	DUE TO		
DISEASES OR CONDITIONS, if c			
UNDERLYING CONDITION last.	annon une en e	9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
II.			
OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING	A	
DISEASE OR CONDITION CAUSING IT	T. TO THE COLDURE ON	est 5 Febrob on Respirato	stice
	DITION FOR WHICH OPERATION		RE FINDINGS CONSIDERED CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CON WAS PERF	whe		
WAS PERF 2 NONE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examined)	21B. PLACE OF INJURY (e.g., hame, form, factary, street, etc.)	in a about 21 C. WHERE DID (If in Boltin office bldg., INJURY OCCUR?	noie City, give exact lacotion)
2 NOVE WAS PERF	hame, form, factary, street, etc.)	office bldg., INJURY OCCUR?	note City, give exact lacotion)
WAS PERF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet) 21D. TIME (Manth) (Day) (Yeat) OF INJURY	hame, form, factary, street, etc.) (Hour) 21E, INJURY OCCURRED	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	note City, give exact lacotion)
WAS PERF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet) 21D. TIME (Manth) (Day) (Year)	hame, form, factary, street, etc.)	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	note City, give exact lacotion)
WAS PERF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet) 21D. TIME OF INJURY (APPROX.) (APPROX.) (Manth) (Day) (Year) 22. I certify that (I) (this heapited)	(Hour) 21E. INJURY OCCURRED While At Wark attended the deceased fram	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? None 1 Feb 19 66 to	10 Feb 19 66
WAS PERF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet) 21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. 1 certify that (I) (this happing)	(Hour) 21E. INJURY OCCURRED While At Wark attended the deceased fram	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? None 1 Feb 19 66 to	10 Feb 19 66
WAS PERF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet) 21D. TIME OF INJURY (APPROX.) (APPROX.)	(Hour) 21E. INJURY OCCURRED While At Wark attended the deceased fram and alive an American Street, form, factory, fa	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? None 1 Feb 19 66 ta Feb 19 66 and that in (aur) (aur)	10 Feb 19 66
WAS PERF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet) 21D. TIME OF INJURY (APPROX.) (APPROX.) 22. I certify that (I) (this heapital that ###(we) last saw the decease and haur and fram the causes state	(Hour) 21E. INJURY OCCURRED While At Wark attended the deceased fram and alive an American Street, form, factory, fa	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? None 1 Feb 19 66 ta Feb 19 66 and that in (aur) (aur)	10 Feb 19 BE
WAS PERF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet) 21D. TIME OF INJURY (APPROX.) (APPROX.)	(Hour) 21E INJURY OCCURRED While At Wark at alive an Am 10 fined abave. (We) (dld)	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? None 1 Feb 19 66 ta 21F. HOW DID INJURY OCCUR? 1 Feb 19 66 ta 21F. HOW DID INJURY OCCUR? 1 Feb 19 66 ta 2 ta death.	10 Feb- 19 BE
WAS PERF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet) 21D. TIME OF INJURY (APPROX.) (APPROX.) (Manth) (Day) (Year) (APPROX.) 22. I certify that (I) (this heapited that ##(we) last saw the decease and haur and fram the causes state	(Hour) 21E. INJURY OCCURRED While A1 Who wark (a) attended the deceased fram and alive an (We) (dld)	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? None 1 Feb 19 66 ta Feb 19 66 and that in (aur) (aur)	10 Feb 19 BE
WAS PERF WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet) 21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this happital that the (we) last saw the decease and haur and fram the causes state 23A. SIGNATURE 23C. PHYSICIAN'S	(Hour) 21E. INJURY OCCURRED While A1 Who wark (a) attended the deceased fram and alive an (We) (dld)	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? None 1 Feb 19 66 ta 21F. HOW DID INJURY OCCUR? 1 Feb 19 66 ta 21F. HOW DID INJURY OCCUR? 1 Feb 19 66 ta 2 ta death.	10 Feb 19 BE
WAS PERF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (this hopital that E(we) last saw the decease and haur and fram the causes stat 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	(Hour) 21E. INJURY OCCURRED While At Wark at alive an D + Am 10 F Ted abave. (We) (dld) (M.D. A)	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Mone 19 66 to 19 66 to view the body after death. Med. Staff Phys. 22D. ADDRESS	10 Feb 19 be 238, DATE SIGNED
WAS PERF WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet) 21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this happital that the (we) last saw the decease and haur and fram the causes state 23A. SIGNATURE 23C. PHYSICIAN'S	(Hour) 21E. INJURY OCCURRED While At Wark at alive an D + Am 10 F Ted abave. (We) (dld) (M.D. A)	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? NONE 1 Feb 19 66 ta view the body after death. ttending Med. Staff. Phys. 23D. ADDRESS The Johns Hopkins Hos	10 Feb 19 be 238, DATE SIGNED



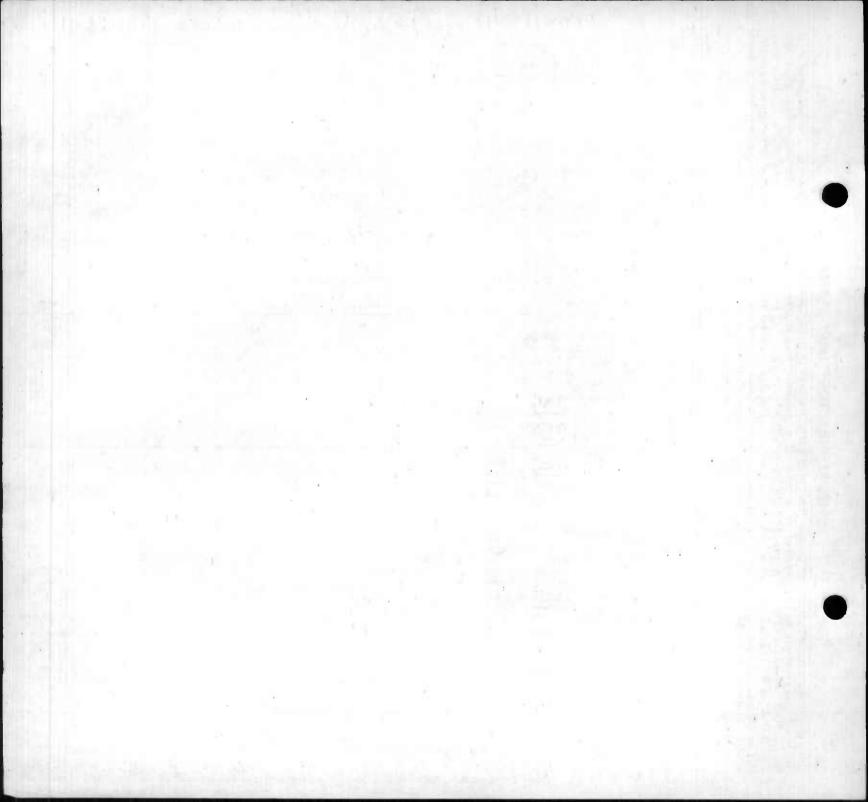
Marshall W. Jones, Jr.

entioned (1778 Intil)



his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased as D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the leceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	1	0				
727 / 7	された 3 点 3	FUNERAL DIRECTOR: IMPORTANT	is certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and a body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	lows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	as D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	eceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	ritten approval must be obtained before the remains are embalmed or final disposition is made.

13 1 1 100	BALTIMORE CITT			
U148U	CERTIFICA	TE OF DEATH	Registered No.	66 01480
			ND HOUR OF DEATH	
1 LANGE	ORD (LANKFORI		2-10-66	
RYLAND		4. USUAL RESIDENCE (Wh	ore deceased lived. If in	nstitution; residence before admission
or institution.	nive streat	MARYLAND		12
n)			utsido city limits, write	RURAL and give township)
PKINS H	IOSPITAL			
				FFT
7. MARRIED.	NEVER MARRIED			
WIDOWED	DIVORCED (specify)	3-23-91	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
				12. CITIZEN OF
		Macuni	T.	WHAT COUNTRY?
		14. MOTHERS MAIDEN NA	ME	4.4.4.
ngn				
	1 6. SOCIAL			ADDRESS
os of sorvice)	SECURITY NO.			
21	7-01-4717		26 - 049 53	
DE CTI V	CAUSE O	DEATH	٨	ONSET AND DEATH
	(6	adice con	huma's	1 1+R
	DUE TO			
	1	Inecia	•	15185
S	(B)	4M JUV ()		
siding ine	(C)	***************************************		
	G CHT			
IT.		120 A ALIZORSY2 (Vos. os b	O 200 IE VEC WERE	EINDINGS CONSIDERED
REDRINED	WHICH OPERATION	N O	IN CERTIFYING CA	USES OF DEATH?
21 B	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimor	o City, give exact location)
	e, form, factory, stroot, of	fice bldg. INJURY OCCUR?		
etc.				
etc.		21F. HOW DID IN	JURY OCCUR?	
(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(Hour) 21E, Wh	INJURY OCCURRED ILE AL Not While AL Work	21F, HOW DID IN		2/10 10 61
(Hour) 21E, Wh Wo	ile AI Not While AI Work	21F. HOW DID IN	19 66 10	2/10 19 66
(Hour) 21E. Wh Wo	ile AI Not While AI Work he deceased from	21F. HOW DID IN	19 66 to	(
(Hour) 21E. Wh Wo	ile AI Not While AI Work he deceased from	21F. HOW DID IN	19 66 to	1
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(Hour) 21E. Wh Wo	INJURY OCCURRED ile AI	21F. HOW DID IN	hat in(my)((our) op	nion death occurred an the do
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BALTIMORE CITY HEALTH DEPARTMENT 66 01481 Registered No. (CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. MARIE C. (LENA) SPINDLER I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY CXRXXXXXXX SPINDLER 3. PLACE OF DEATH IN BALTIMORE, MARYLAND MD FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR (If outside city limits, write RURAL give township) INSTITUTION ST. AGNES HOSPITAL ANNAPOLIS JUNCTION WILKENS & CATON AVENUE D. STREET ADDRESS (If rurol, give location) ANNAPOLIS XINXX3NK JUNCTION BALTIMORE. MARYLAND made 5. SEX MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys B. DATE OF BIRTH If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoy 8-10-83 FEMALE WHITE WIDOWED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME RETIRED CALVERT DISTE XXXXXXXXXXXXX GERMANY USA 4. MOTHER'S MAIDEN NAME JOHN DRIESLEIN MARTE BUCKLE 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT final MR. GEORGE V. SPINDLER, 1 AGNES HOSPITAL RECORDS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 1309 FRANCIS 229-07-8109 NO XXXXXXXXX NO AVE. #27 10 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of dying, e.g., bal heart foilure, asthenio, etc. 11 means the disease, injury or complication which coused death,) e m ANTECEDENT CAUSES are DISEASES OR CONDITIONS, il ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION IOSI. remains DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the CERTIFIC 198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19 A. DATE OF OPERATION WAS PERFORMED YES fore 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (II in Baltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDI obtained (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) Work At Work 19 66 22. I certify tho (4) (this hospital) attended the deceased from 19 66 that (X (we) lost saw the deceased alive on 2-8 19 66 ond that in (my) (aur) opinion death occurred an the date and hour and from the couses stated above. (We) (did) (XiX XX) view the body after death. must 23B. DATE SIGNED Attending Med. Stoff Phy s. Phys. Director proval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) ST. AGNES HOSPITAL 0 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) MARYLAND BALTIMORE. BURTAL 2/12/66 LOUDON PARK CEMETERY 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS HUBBARD FUNERAL HOME, 4107 WILKENS AVE, #29

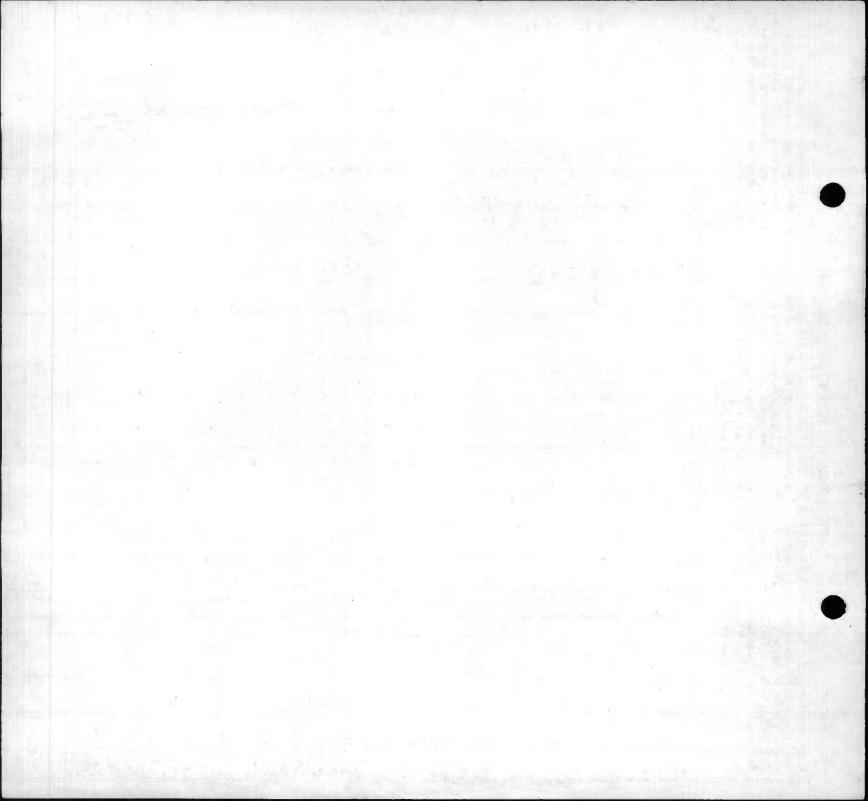
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

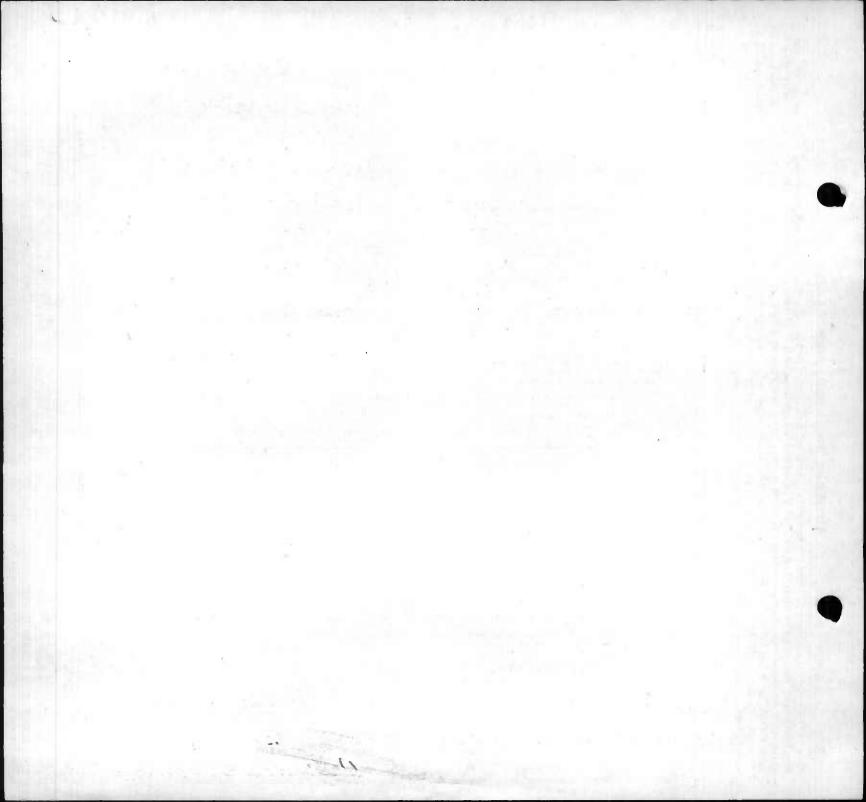
BALTIMORE CIT	Y HEALTH DEPARTMENT	0 01400
	TE OF DEATH Registered Na.	6 01482
M.E. CASE NO.	2. DATE AND HOUR OF DEATH	
(Type or Print) CURTIS, ANNA ESTELL	FEBRUAYY 8, 196	66 1 1.40 A M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, Il inst	itution: residence before admission)
FULL NAME OF (If not in hospital ar institution, give street		MARRIE
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RU	JRAL ond give township)
	D. STREET ADDRESS (If rural, give location)	6300
M 1== DCII S STORY		
MONTEBELLO STATE HOSPITAL	IUFTON AVE	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours Min.
F WIDOWED	12-18-1895 70	
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	f 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	MARYLAND 14. MOTHERS MAIDEN NAME	USA.
13. FATHER'S NAME	14. MOTHERS MAIDEN NAME	
HOWARD FERE GOY	GRACE (VIAYS	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
100000000000000000000000000000000000000	Hospital Records.	
18. 4 20 1 1 CAUSE (OF DEATH	IMIEKA WE BELAKEEM
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH (A) My	OCARDIAL INFARCTION	MINUTES.
heart failure, asthenia, etc. 11 means the disease,		
injury ar camplication which caused death.)	RIUSCIERATIC CARNIDVASCI	10 R Years
ANTECEDENT CAUSES (B) ZTT J C DUE TO	RIOSCIEROTIC CARDIOVASCU PISCASE	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	11005 MYOCAYDIAL INFARCTION	N (1960)54xs
UNDERLYING CONDITION lost.		
_ II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		A 4-15 AM
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19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	IN CERTIFYING CAU	SES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Baltimore	City, give exact location)
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O 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
While At Not Wh	ile 🗀	
Work — At Work		
22. I certify that [K](this hospital) attended the deceased fram		BRUARY 8 1966.
that (4) (we) last saw the deceased alive an FEBRUARY	2 19.66 and that in (my) (our) apini	ian death accurred an the date
and have and from the causes stated above. (1) (We) (did) (did not)		
23A. SIGNATURE		23B. DATE SIGNED
Mountly Ph	ys. Med. Stell Phys. Phys.	2-8-66
23E. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
THOMAS P. CONNELLY	MONTEBELLO STATE HOSPITAL	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI	REMATORY 24D LOCATION (City	, town, or county) (Stote)
BURIA) 2-10-66 BLACK ROCK CO	METERY BUTLER, BAL	TCT. MARYLAND
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	N YOR ADDRESS
FEB 1 4 1966 Q D R C Z D 44	Jun Cook BROOKS, Touson Tou	ISON MD. 21204
VS 150-REV, 1/1/65		



ERTIFICATE OF DEATH Registered No. 66 11483 CERTIFICATE OF DEATH Registered No. 66 11483 CERTIFICATE OF DEATH Registered No. 66 11483 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospitol or institution, give street oddress or location) (If not in hospitol or institution, give street oddress or location)	1
1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before a state Md. B. COUNTY FULL NAME OF (If not in hospital or institution, give street oddress or location) (C. CITY OF TOWN) The outside city limits write PUPAL and size for the control of the limits write PUPAL and size for the city of the control of the limits write PUPAL and size for the city of the cit	
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FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) A. STATE Md. B. COUNTY ***********************************	16
HOSPITAL OR oddress or location)	ore odr
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Diett and man	hip)
SINA I HOSPITAL D. STREET ADDRESS (If rurol, give locotion) 113 Dunkirk Road 68	
of BAUIMERF 113 Dunkirk Road 55	00
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10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTR	Y?
Ketered Maryland U.S.	
13. FATHER'S NAME	
Richard M. Britton Mary Smith	
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	
No None Mrs. Ann Kirby, Same as # 4	
18. 44 22 1 4 1 9 CAUSE OF DEATH INTERVAL B	
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21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact local home, form, foctory, street, office bldg., INJURY OCCUR?	tion)
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
≥ (APPROX.) While At Not While At Work At Work	
22. I certify that (1) (this haspital) attended the deceased from 2 1 19 16 to 2 16	19
that (1) (me) last saw the deceased alive an 7 16 19 5 6 and that In(my) (cor) opinion death accurred	
and haur and fram the causes stated abave. (1) (did) (did not) view the body after death.	
23A. SIGNATURE 23B. DATE SIGNED	7
N.D. Allending Med. Director Phys. 2/6	
23C. PHYSICIAN'S NAME (Type) TEROME 1. 1 MAI F. M.D. 23D. ADDRESS	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county)	(
REMOVAL (Specify)	
Burial Feb 8. 1966 Poplar Grove Cemetery Baltimore Co., Maryland 25A. DAIE REC'D BY HEALTH DEPA 258 NAME OF REGISTRAL 25C. FUNERAL DIRECTOR	S
25A. DATE REC'D BY HEALTH DEP. 258. NAME OF REGISTRAL DIRECTOR WM. Cook-Brooks Towson, 1050 York Road Towson 4, Maryland	
VS 150-REV. 1/1/65	

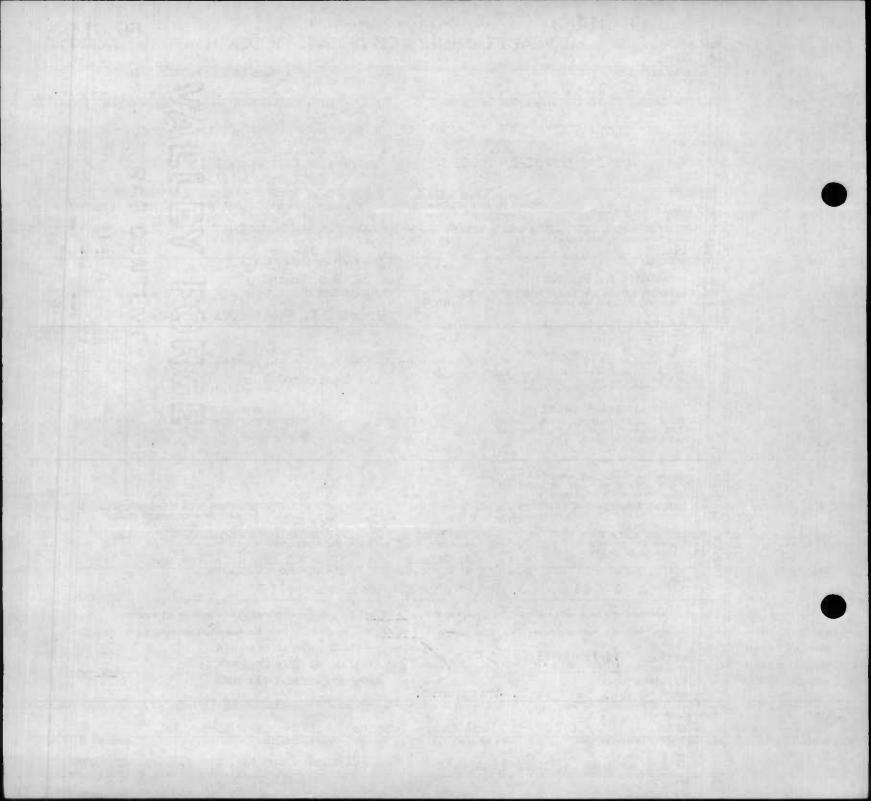
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co nia	BALTIMORE CITY	HEALTH DEPARTMENT	6	6 01484
BIRTH NO. 66 014	CERTIFICA	TE OF DEATH	Registered Na.	U OLLOL
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	,
(Type or Print) //EatTON	I HOMAS	91-6	8 1966	2:00 A
3. PLACE OF DEATH IN BALTIMORE, MARYL		4. USUAL RESIDENCE (Whore d	eceased lived. If inst	titution: rasidence before admissio
FULL NAME OF (If not in hospital ar i	institution give steel	1	470.	nult-
HOSPITAL OR address or location) INSTITUTION	namonun, give siteel			JRAL and give township)
	,	DUNBALK		53-00
BALTO, CITY HO	クンアノアカレゴ		l, give location)	
2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1957 DINE	EN DR.	
SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	llast	AGE (In years bighday)	If Under 1 Yr. If Under 24 H. Months: Doys Hours Min.
MALE WHITE	MARRIO	24JEPT1893	12	
OA. USUAL OCCUPATION (Give kind of work 10)		11. BIRTHPLACE (State or fareign	country)	12. CITIZEN OF WHAT COUNTRY?
one during most al warking life, even if retired)	JIEEL	W. VA.		(1,5,7)
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
HENRY THO	1110-	MARTHO C	Dillan	
			JUMLL	400000
5. Was Deceased Ever in U. S. Armed Farces (es, no or unknown) (If yes, give wor or dates a	? 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 2122
YES WWI	1000	GLADYS THEMA	5.1957 11	WINEEN DR.
18.44.00.11	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIREC	TLY	D. 144	1.50()	1 ONSE! AND DEATH
LEADING TO DEATH	(A) (10	ule Mugar	llab the	raction
(This does not mean the made of dy heart foilure, asthenia, etc. It means the		()		
injury or complication which caused de	ath.)			
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any				
rise to the above cause (A) structure to the above cause (A) structure to the structure to	ofing the (C)		*************************	***************************************
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OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	D TO THE 1000	raprounde		
	TON FOR WHICH OPERATION	20A AUTOPSY? (Yas or No) 2	OB. IF YES, WERE FIL	NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDIT	AVIED	NO	N CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg. INILIEY OCCUP?	(II in Baltimore	City, give exact location)
DEATH (natify medical examiner)	etc.)	TOO STUDY, THOUSE OCCUR:		
O 21 D. TIME (Month) (Day) (Year) (I	Hour 21E. INJURY OCCURRED	21F. HOW DID INJURY	r OCCUR?	
OF INJURY	While At Not While			
	Wark At Wark	1/-6	116 7/1	2/
22. I certify that (1) (this hospital) a	ttended the deceased from	19	to Cf	1999
that (I) (we) last saw the deceased of	alive on 4/9	19' Q C and that	in(my) (aur) apini	ion death accurred on the de
and have and from the causes stated	abave. (1) (We) (did) (did not) v	iew the body after death.		
23A. SIGNATURE		/		23B. DATE SIGNED
Inla Citalle	NON M.D. After	mding Med. Sta	ff s.	219/64
23C. PHYSICIAN'S		23D. ADDRESS		1400
NAME (Type) & TIESTO	9/) M.D.	105 MAIN J.	7 712	てた
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE			
REMOVAL (Specify)				r, town, or county) (State)
130121AL X-11-66	BALTG. NATIOL		-TO., MD.	
	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1 - 0 - 21	ME DUNDALK, M
FEB 1 4 1966 @ P. F	E So Doublett	UCCRICH HUN	JERAL HOI	ME, DUNDALK,
/S 150-REV. 1/1/65				



	COFFE 00		BALTIMORE CITT HE				66	01485	
BIRTH NO.	MED	ICAL EX	CAMINER'S	CERTIFICATE	OF DE	ATH Register	ed No		
M.E. CASE NO				10	DATE AND	TOWN PROMOUNATION	0.004.0		
(Type or Print)	DOROTHY	February 7, 1966 3:10 P.							
3. PLACE IN B	ALTIMORE MARYLAND, W		BER	4. USUAL RESIDENCE					
				UA. STATE	yland	B. COU	NTY		
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION UNION MEMORIAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give lownship)						
				Baltimore 7					
			OSPITAL	D. STREET ADDRESS (If rurol, give location)					
4				4001 Echodale Avenue					
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years		1 Yr. If Under 24 Hr	
Femal	e White	Marri	DIVORCED(specify)	June 12,	1936	lost birthdays	Months E	Poys Hours Min.	
	CCUPATION (Give kind of wor	k 108. KIND O	BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sto	te or foreign o		12. CITIZEN	N OF	
At hom	done during most of working life, even if retired}			New Jersey			J.S.A.		
13. FATHER'S N				14. MOTHER'S MAIDEN NAME					
G	eorge H. Robso	n		Mae Almond					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16, SOCIAL				17. INFORMANT ADDRESS					
No No	own) (If yes, give wor or dot	es of service)	SECURITY NO.	Raymond I.	Weher	4001 Echoda	ale Av	e.	
1B. /==			CALL	SE OF DEATH	MEDEL	4001 Hellow		INTERVAL BETWEEN	
	7/6/4		CAU	SE OF DEATH				ONSET AND DEATH	
DIS	EASE OR CONDITION DE	RECTLY	Gun	shot wound o	f chest	involving	M 53		
(This do	es not meon the mode of		DUE TO	the heart			•		
injury or	complication which coused	deoth.)		the neart	and Lun	5			
	ANTECENDENT CAUS	ES							
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UN DERI	THE ABOVE CAUSE (A) S LYING CONDITION LAST.	TATING THE							
Z		0.00	(C)						
OTHER TO THE DISEASE 19A. DATE		CONTRIBUTE	16	TO AND A D	Maria A				
O THER	SIGNIFICANT CONDITIONS E DEATH BUT NOT RE	LATED TO T	HE						
DISEASE	OF OPERATION 1198, CON		WHICH OPERATION	TODA ATTORINA (Y	'es et Ne) 20	B. IF YES, WERE FIN	DINGS CO	NSIDERED	
8 9		REFORMED	WHICH OILKAIION	Yes	IN	CERTIFYING CAUS	ES OF DEA	TH?	
ZIA. EXTER	NAL CAUSE WAS	218,	PLACE OF INJURY (e.g.						
	IG OR CONTRIB-	home etc.)		office bldg., INJURY O					
E 21D TIME		or) (Hour) [2	House		Ol Echo	dale Avenu	е		
OF INJURY						OCCOR:			
0	2 7 66	P . m.	WHILE AT NOT	WORK Shot	self				
22.	certify that I held on	Inquiry 🗌	InspectionA	utopsy X and th	not on this	bosis, deoth in m	y opinion		
re	sulted from: Notural ca	ouses A	Accident Sulci	Ide X Homicide	☐ Und	determined monne	-		
		. /	-11	CHIEF MED	ICAL EXAM	AINER 🗆			
ACTI		N. 7	7-1	D. ASSISTANT MED				DATE SIGNED	
	MINER'S		M.	ASSOCIATE MED			2	2-8-66	
		er U. &	pitz, M.D.	ACCOUNTE MED	THE END				
23A. BURIAL (Sp.	CREMATION, 238 DATE		C. NAME OF CEMETERY	or CREMATORY	23 D. LOC	ATION (City,	town, or co	ounty) (Stote)	
Buri		6	Baltimore Ce	emeterv	Be	Ltimore, Mo	7 -		
	C'D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL		LOZINOT C, INC		DDRESS	

Ullrich Funeral Home 420 Belair Road

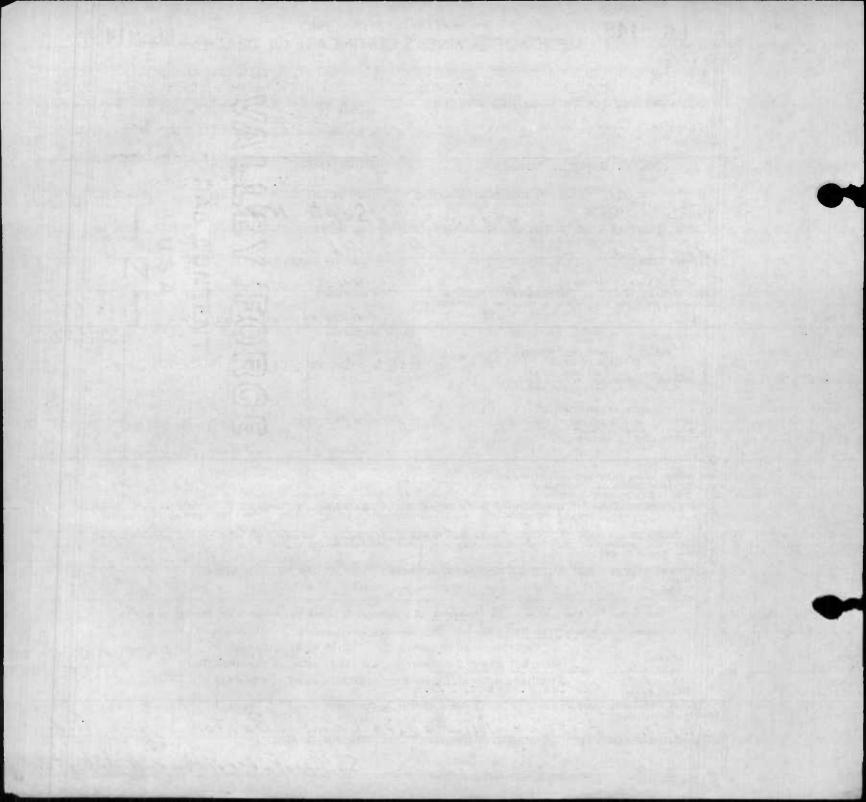


00	BALTIMORE CI	Y HEALTH DEPARTMENT				
BIRTH NO.	01486 CERTIFIC	ATE OF DEATH	Registered No	CO OLAROD		
I. NAME OF DECEASED	- 0		D HOUR OF DEATH	00 01486		
(Type or Print) At sky f	Lach shere		2-9-66	4:056		
3. PLACE OF DEATH IN BANTIMORE,		A. STATE B. COUNT	e deceased lived. If ins	titution: residence before odnyssion		
FULL NAME OF (If not in hosping the hospital or oddress or local institution)	ital or institution, give street otion)	C. CITY OR TOWN _ (If outside city limits, write RURAL and give township)				
		Ballemon	-			
3 CHURCH A	OME HOSPITAL		rurol, give location)	5/		
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 12-4-09	ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
done during post of working life, even if retire	work 108. KIND OF BUSINESS OR INDUST	W. Waren	, (12. CITIZEN OF WHAT COUNTRY?		
13. FATHERS NAME	WRIGIOT CAN CO	14. MOTHER'S MAIDEN NAM		0007		
John Black	hophere	Mary Ha	verly			
15. Was Deceased Ever in U. S. Armed (Yas, no or unknown) (II yes, give wor or	Forces? dotes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANO	rt	ADDRESS		
118.	CAUSE	OF DEATH	/	INTERVAL BETWEEN		
DISEASE OR CONDITION		4	40	ONSET AND DEATH		
LEADING TO DEA		myocardea	1 Infarces	lin		
(This does not mean the made						
hearl failure, asthenia, etc. 11 me injury ar camplication which cau		1 - /	, .			
ANTECEDENT CAU	SES (B) CI	owner AThe	us elerose	,		
	DUE TO	handonis, O				
rise to the above cause (A) stating the (C)	remelous, (V)	Coroner A	Ten		
UNDERLYING CONDITION last.	a no a marife man o					
_ 11						
OTHER SIGNIFICANT CONDITION	S CONTRIBUTING					
DISEASE OR CONDITION CAUSIN						
	ONDITION FOR WHICH OPERATION PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218 PLACE OF INJURY (e.g. home, lorm, foctory, street, etc.)	office bldg. INJURY OCCUR?	(II in Boltimore	City, give exact location)		
O 21 D. TIME (Month) (Doy) (Ye	eor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
OF INJURY	While At Not W					
(AFFROX)	Work L At Wo		0			
22. I certify that (1) (this hosp	ital) attended the deceased from		9 66 10	2-8 1968		
that (I) (we) lost saw the dece	osed olive on	J 19 Cel ond the	ot in(my) (aur) opin	ion death occurred on the do		
ond hour and from the couses	stated above. (1) (We) (did) (did nat)	,				
23A. SIGNATURE			2	238. DATE SIGNED		
X/3/0	M.D. A	ttending Med.	Stoff 1			
23 C PHYSICIANS	The state of the s	23 D. ADDRESS	Phys.			
NAME (VI) & F.	Suborg Ja M.	0/	Hours	& Heplet		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)		REMATORY 24D. LC	CATION (Cit	y, town, or county) (State)		
REMOVAL (Specify)	111 dals	Charact	74	A		
190101AL ZIII	258. NAME OF REGISTRAR	CEITEIEDY /	VIOUILINOIS!	= CO. MD		
ZOA, DATE REC D ST HEALTH DEPT.		25C. FUNERAL DIRECTOR		ADDRESS		
FFR 1 4 1966 Q	2 & & Fallenna	ULURICH 1	-UNERDU	HOME-DUNDAY		
VS 150-18 FM /1765-	Charles and the same of the sa			1000		

It way in Many Herry Charle How of Hope

	BALTIMORE CITY H	EALTH DEPARTMENT			(1/1 /14	4.00
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	Registered No.	48.

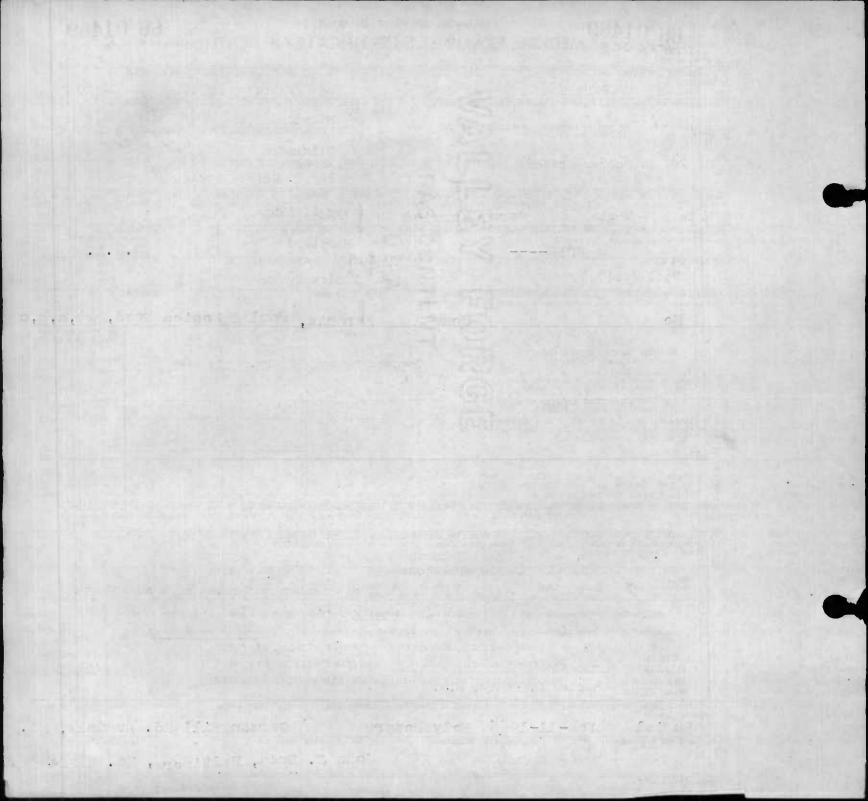
BIR	66 01487 MED	ICAL EX	BALTIMORE CITY HEAK (AMINER'S C	ERTIFICAT	TE OF I	DEATH Registe	6 No. 1487
M.	E. CASE NO.						
1.	NAME OF DECEASED pe or Print) HATTIE		LANCASTER			ary 9, 1966	5:00 P
3. 1	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE	ENCE (Where ryland	deceased lived. If insti	tution: residence before odmission) NTY
HC	LL NAME OF (IF NOT IN HOSPIT SPITAL OR ADDRESS OR LOCA STITUTION	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOV		10	RURAL and give township)
0	1208 W. Fayette	Street		D. STREET ADDR	tESS (If rurol,	1 9	et
5. S	SEX 6. RACE Semale Negro		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
10.4	USUAL OCCUPATION (Give kind of wor e dyring most of working life, even if retired)	KIOB KIND OF	BUSINESS OR INDUSTR		State or foreig		12. CITIZEN OF WHAT COUNTRY?
13.	AOM (STIC FATHER'S NAME			14. MOTHER'S M.	AIDEN NAM	E	
	unknown			unk			
15.	WAS DECEASED EVER IN U.S. ARMED	FORCES?	16, SO CIAL	17. INFORMANT	nou	n	ADDRESS
	s, no or unknown) (If yes, give wor or dote		SECURITY NO.	Thoma	s T.La.	neaster	1826 Etting
	18.		CAUSI	E OF DEATH	11/2/11	-7/	INTERVAL BETWEEN
	DISEASE OR CONDITION DI	DECTI Y					ONSET AND DEATH
	LEADING TO DEATH	1	(A) Arter	riosclerot	ic Card	iovascular I	Disease.
	(This does not mean the mode of heart failure, asthenia, etc. It means	dying, e.g., the disease,	DUE TO			• • • • • • • • • • • • • • • • • • • •	
	injury or complication which coused	deoth.)					
	ANTECENDENT CAUSI	ES					
	DISEASES OR CONDITIONS, IF A	ANY, GIVING	DUE TO				
	RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST,	TATING THE					
Z			(C)				
E	II .						near the man and
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING	LATED TO T				***************************************	
CER	WAS PER	IDITION FOR	WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	208. IF YES, WERE FIN	
EDICAI	21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21 B. home etc,)	PLACE OF INJURY (e.g., , form, factory, street,	office bldg., INJURY	HERE DID OCCUR?	(If in Boltimore City, giv	ve exoct locotion)
Σ	21D TIME (Month) (Doy) (Yeo	r) (Hour) 2	1E. INJURY OCCURRED	21F. HC	THI DID WO	JRY OCCUR?	
	OF INJURY (APPROX.)		WHILE AT NOT AT V	WHILE WORK			
	22. I certify that I held on I	nquiry 🗌	Inspection X Au	otopsy one	that on th	is bosis, deoth in m	ny opinion
	resulted from: Notural co	uses X	coldent Suicio	de Homici	de l	Indetermined monne	er 🗌
	- /		///		EDICAL EX		
	ACTUAL ()	1	1				DATE SIGNED
	SIGNATURE LAC	Illes!	M.C	ASSISTANT MI			2/10/66
	NAME (Type) Charles	s S. Pet	ty/ M.D.	ASSOCIATE M	EDICAL E	XAMINER	
	BURIAL CREMATION, 23B. DATE	23	C. NAME OF CEMETERY	or CREMATORY	23 D. L	OCATION (City,	town, or county) (Stote)
REI	Burial 2-14-	66	Mt. Aubur	n Cem	. B	alto.	Md.
24	A. DATE REC'D BY HEALTH DEPT.	24B. NAME	OF REGISTRAR		AL DIRECTOR	10117	ADDRESS
	PED 14 1966 (20	423	a Daniel	Ju//11	vantu.	veral Hom	e-Nitt ling 104
VS	151-REV. 1/1/65	1			1 ()		

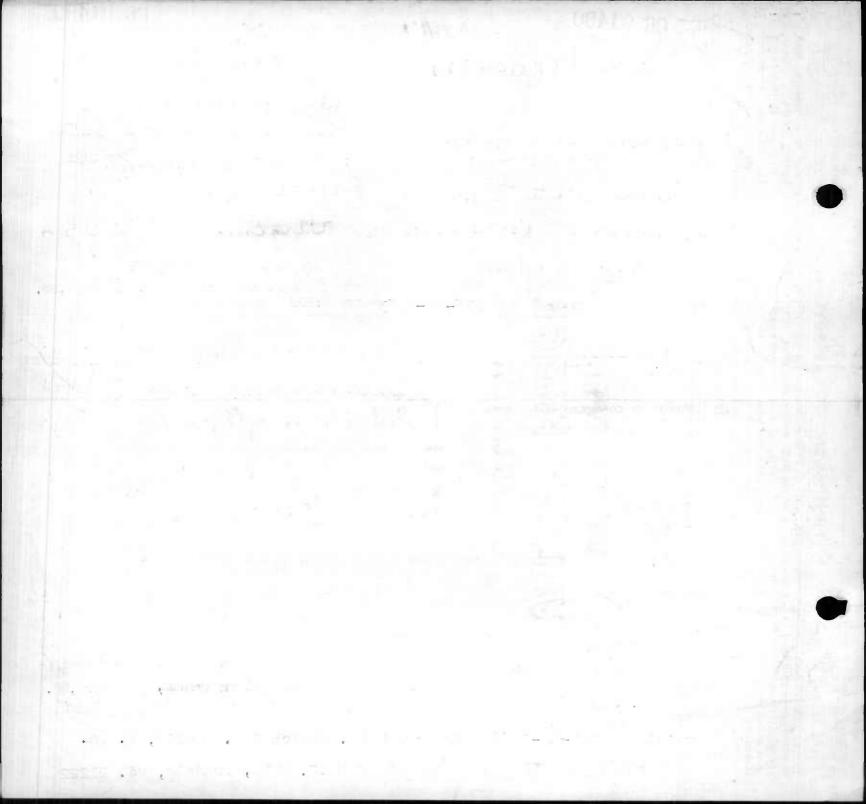


BALTIMORE CITY HEALTH DEPARTMENT

00 arte		041 = 14					5 3 1 6	14
BIRTH NO.	WEDI	CAL EX	AMINER'S C	ERTIFICA	LE OF I	DEATH Registe	red No	b. •
M.E. CASE NO.								
1. NAME OF DECEASED						D HOUR PRONOUNCE		
	WILL		WRIGHT		Febru	ary 11, 196	6	12:20 A
3. PLACE IN BALTIMORE,	MARYLAND, WH	ERE PRONOU	INCED DEAD	4. USUAL RESID	ENCE (Where	deceased lived. If insti	itution: resido	nce before odmission)
					yland	8. COU	INII	
HOSPITAL OR ADI	ORESS OR LOCAT	L OR INSTITUTION)	TION, GIVE STREET	C. CITY OR TO	WN (If outsid	e corporate limits, write	RURAL ond	give township)
INSTITUTION				Ba1	timore	1/2	-1	
Promision of	77			D. STREET ADD		give location)	01	
Franklin S	quare Ho	spital				ington Avenu	ue	
5. SEX 6. RACE		7 44 4 0 0 1 5 0	NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years		Yr. If Under 24 Hrs.
			DIVORCED (specily)	/		lost birthdov)		oys Hours Min.
Male Neg	ro	5149	10	Sept. 2	20,192	/ 44		
IOA. USUAL OCCUPATION		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN	OF COUNTRY?
done during most of working life	b, even if retired)	Ste	1	Va	Carol	ine Co.	WIIAI	COUNTRI
13. FATHER'S NAME				14. MOTHER'S M				
Monshan	Wr	ight		Fula	Clan	bourna	e	
15. WAS DECEASED EVER			16, SO CIAL	17. INFORMANT			ADDRESS	
(Yes, no or unknown) (If yes,			SECURITY NO.	T.	·1v			
			579-16-9370	1 00 00 1	/ /			
→B.	Elan.		CAUSE	OF DEATH				NTERVAL BETWEEN
DISEASE OF C	ONDITION DIR	ECTIV					-	DNSET AND DEATH
	NG TO DEATH	ECILI	Ruptur	e of Pulm	onary A	rterv.		
(This does not meor	the mode of	dying, e.g.,	DUE TO					0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
injury or complication	which coused d	eoth.)					- 35	
ANTECER	NDENT CAUSES							
DISEASES OR CON			(B)	******************				
RISE TO THE ABOV	E CAUSE (A) ST	ATING THE	552.10				23	
	DITION LASI.		(C)					•••••
OTHER SIGNIFICAN	11							
OTHER SIGNIFICAN	T CONDITIONS						700	
DISEASE OF COND			HE			***********************		
19A. DATE OF OPERAT			WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	208. IF YES, WERE FIR	NDINGS COI	NSIDERED
Ö	WAS PERF	ORMED		Yes		IN CERTIFYING CAUS	SES OF DEAT	TH? Yes
ZIA. EXTERNAL CAUS		21 B. 1	PLACE OF INJURY (e.g.,	in or obout 21 C. V	WHERE DID	(If in Boltimore City, air	ve exoct loca	otion)
UNDERLYING POR COUTING CAUSE OF D	NTRIB-	home,	form, foctory, street,	office bldg., INJUR	Y OCCUR?			19 - 4
7	LATIN.		Street			nd Mount St	reets	19-01
21D TIME (Month)	(Doy) (Yeor)	(Hour) 2	1E. INJURY OCCURRED	21 F. H	DENI DID MO	JRY OCCUR?	44.13	
(APPROX.) 2	11 '66	A ". W	HILE AT NOT	WHILE E Dri	ver in	auto-auto co	ollisio	on.
22.			.					
	t I held an In					is basis, death In π		
resulted from	n: Naturol cou	ses A	ccident X Suicid	e Homici	lde t	Indetermined monne	er	
	01		1/	CHIEF M	EDICAL EX	AMINER		DATE HOUSE
ACTUAL	(C) (a)	Teles)	Polly M.D	ASSISTANT M	EDICAL EX	AMINER X		DATE SIGNED
SIGNATURE	Ca		1	ASSOCIATE M				2/11/66
EXAMINER'S NAME (Type)	Charle	s S. Pe	tty, M.D.	ASSOCIATE N	LDICAL E	AMINER		
23A. BURIAL CREMATION			C. NAME OF CEMETERY	CREMATORY	23 D. L	OCATION (City,	town, or cou	unty) (Stote)
REMOVAL (Specify)		11	R 1+ 11	+111	E	1+		1111
Burial	2-/6-	66 1	19/10,119	1 1,001	n, Da	7//0,		11119
24A. DATE REC'D BY HEA	LTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	1011-1	3 AD	DRESS
FO 11 2 4 4/5 D	2 42 1-	0 30	Am.	C.11.	in F.	ulla N	1.1:	+ 1
VS 161 BEV 1/1/16	170 3	I de Johns	Gentle	24/11/	44144	1. 110me - 111	170/14	9/84 /108
V\$ 151-REV. 1/1/65	1106	1.05	C-4					

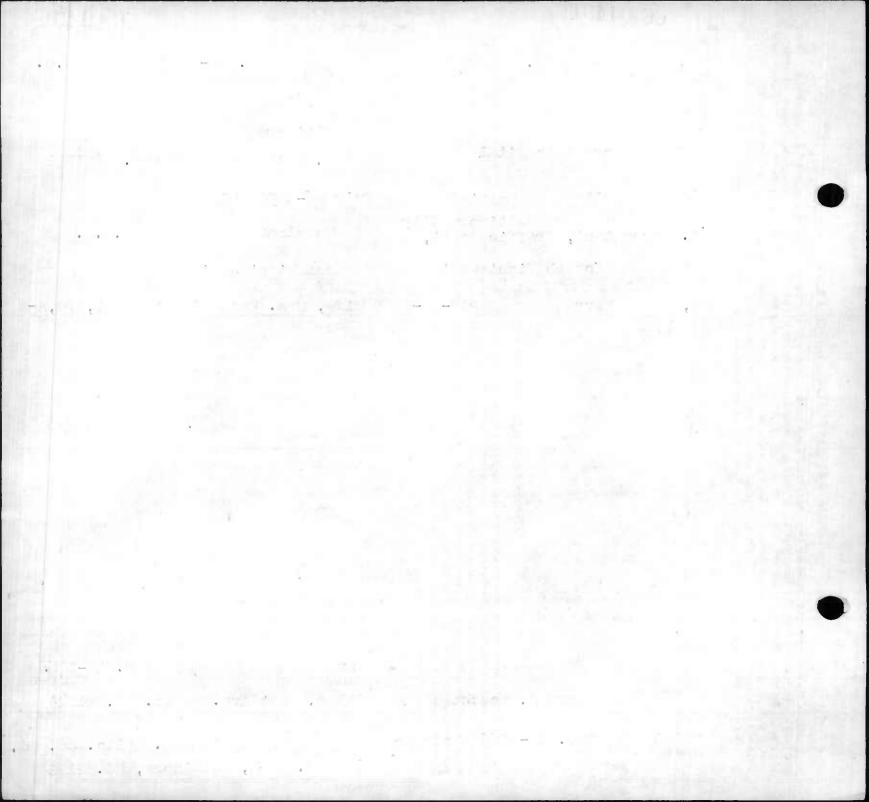
BIRTH NO.	OCCC3 MEDI		CAMINER'S C		OF D	EATH Registe	ered No	11489
1. NAME OF				2.	DATE AND	HOUR PRONOUNC	ED DEAD	
(Type at Print)	DENNIS		REED		Februa	ry 9, 1966		4:30 P
3. PLACE IN B	ALTIMORE MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDEN A. STATE Mary	CE (Where de		titution: resid	
FULL NAME OF HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	ITION, GIVE STREET	C. CITY OR TOWN		corparate limits, writ	RURAL on	nd give township)
707	S. Decker Stre	eet		D. STREET ADDRES	S (If rural, gi	ve locotion) er Street		1
5. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	I If Under	1 Yr. II Under 24
Male	White	Ne ve	or Married	January 1,		lost birthday)	1	Days Haurs A
	CCUPATION (Give kind of work of working life, even if retired) NONE		BUSINESS OR INDUSTR	Marylan Marylan	_	country)		T COUNTRY?
13. FATHER'S N				14. MOTHER'S MAIL	DEN NAME			
Pat	ıl Reed			Monica 1	Brown			
Yes, no grunkno	ASED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
No			None	Parents.	Paul	& Monica	Reed	d. #4.a.
DISEASI RISE TO UN DERL	LEADING TO DEATH s not meen the mode of ure, asthenic, etc. It means camplication which caused ANTECENDENT CAUSE ES OR CONDITIONS, IF A THE ABOVE CAUSE (A) ST YING CONDITION LAST.	dying e.g., the disease, death.)	(A) Cran DUE TO (B) DUE TO (C)	iocerebral l	Injury.			
OI TO TH	II SIGNIFICANT CONDITIONS E DEATH BUT NOT REI OR CONDITION CAUSING	LATED TO T						
DISEASE 19A. DATE	OF OPERATION 198, CON		WHICH OPERATION	Yes	res or No) 20	B. IF YES, WERE FI I CERTIFYING CAU	NDINGS C	ON SIDERED ATH? Yes
O UTING C	NAL CAUSE WAS OF OR CONTRIB- AUSE OF DEATH.	home etc.)	PLACE OF INJURY (e.g., , lam, foctary, street, Unknown	affice bldg., INJURY O	U	nknown		cotion)
OF INJURY (APPROX.)	(Manth) (Doy) (Year 2 4-6 6	6 v	VHILE AT NOT AT NOT		own mec	hanism of	head i	injury.
ACTU SIGN. EXAM	ATURE Charles	uses A	Inspection Accident Sulci		DICAL EXA	MINER		DATE SIGNE 2/10/66
23A, BURIAL (CREMATION, 23B. DATE	23	C. NAME OF CEMETERY		23D. LO		, town, or c	
Bur		1-1966				an Hill I		
24A. DATE REC	FEB 14 1986 (24B. NAME	E CAL MA	John J.		Baltimo		d. 21224
VS 151-REV. 1	N/65 N 8 6		6 6 6			Derrimo:	Le's MIC	A 5155





VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 66 01491 Part and hour of death Frank J. BE. RRENT 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF Mospital or institution, give street Modress or lacation) FULL NAME OF Mospital or institution, give street Modress or lacation) Church Home & Hospital S. SEX 6. RACE 7. MARRIED, NEVER MARRIED, NEVER MARRIED Widowce, Divorced (specify) Male White Married White Married White Married White Married July 26—1894 71 S. ACCOUNTANT Married July 26—1894 To What of Business or Industry and Or Business or Industry Maryland July 26—1894 To What or Industry Maryland Joseph Wisniewski 13. FATHERS NAME JOSeph Wisniewski 15. Wos Deceased Ever in U. S. Amed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
M.E. CASE NO. 1. NAME OF DECEASED (Type or Pant) FRANK J. BERRENT 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION Church Home & Hospital 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Male White White Whospital 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Male White White Whospital 8. Date of Birth 9. AGE (in years of birth down in hospital) 8. Date of Birth 9. AGE (in years of birthday) Married 103. USUAL OCCUPATION (Give kind of work) 104. White Baltimore City Ret. Accountant, Traffic Court. 13. FATHER'S NAME JOSEPH Wisniewski 15. Wos Deceased Ever in U. S. Amed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
FRANK J. BERRENT 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION Church Home & Hospital Church Home & Hospital Church Home & Hospital S. SEX C. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married Married Maryland C. CITY OR TOWN (If autside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 24 N. Patterson Park Ave. 21231 S. DATE OF BIRTH 9. AGE (In years lost birthday) Married 103. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY Baltimore City Ret. Accountant, Traffic Court. 13. FATHERS NAME JOSEPH Wisniewski 14. Mothers Maiden Name JOSEPH Wisniewski 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
FULL NAME OF HOSPITAL OR INSTITUTION Church Home & Hospital C. CITY OR TOWN (If autside city limits, write RURAL and give tawnship) Baltimore D. STREET ADDRESS (If rural, give location) 24 N. Patterson Park Ave. 21231 S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Male White White Married White Married White Married White Married White Married Widoweb, Divorced (specify) July 26-1894 71. BIRTHPLACE (State of loreign country) Maryland U.S.A. 14. Mothers Maiden Name JOSEPH Wisniewski 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
Church Home & Hospital Church
Church Home & Hospital D. STREET ADDRESS (If rural, give location) 24 N. Patterson Park Ave. 21231 S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Male White Married 10A. USUAL OCCUPATION (Give kind of work) 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of loreign country) Maryland 12. Citizen Of WHAT COUNTRY? Maryland U.S.A. 13. FATHERS NAME JOSEPH Wisniewski 14. MOTHERS MAIDEN NAME JOSEPH Wisniewski 15. Was Deceased Ever in U. S. Amned Forces? 16. SOCIAL 17. INFORMANT ADDRESS
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years windowed), DIVORCED (specify) 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) 7. Months; Doys Haurs 7. LITZEN OF 7. LITZEN OF 7. Maryland 7. LITZEN OF 7. Maryland 7. LITZEN OF 7. Maryland 7. Months; Doys Haurs 7. LITZEN OF 7. Maryland 7. Months; Doys Haurs 7. LITZEN OF 7. Maryland 7. Months; Doys Haurs 7. LITZEN OF 7. Maryland 7. LITZEN OF 7. Maryland 7. LITZEN OF 7. Maryland 7. Mar
Male White Married July 26-1894 71 102. USUAL OCCUPATION (Give kind of work done during most all working lile, even if retired) 103. FATHER'S NAME Widowed, Divorced (specify) Married July 26-1894 71 July 26-1894 71 Months Doys Hours Min. Min. Months Doys Min. Min. Min. Months Doys Min. Min. Min. Min. Months Doys Min. Min. Min. M
Ret. Accountant, Traffic Court, Maryland U.S.A. 13. FATHER'S NAME JOSEPH Wisniewski Anna Wisniewski 15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
13. FATHERS NAME JOSEPH Wisniewski Anna Wisniewski 15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
Yes, Navy 215-09-1868 Wife, Mrs. Katherine Berrent, #4,a-
18. 260 X I CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., DUE TO /
heort foilure, osthenio, etc. Il means the disease,
injury or complication which caused death.)
ANTECEDENT CAUSES (B) Lleneralized (fleriosclerous UNKNOWN
DUE TO
DISEASES OR CONDITIONS, if any, giving
rise to the above couse (A) stoling the (C) VIABETES MELLITUS 15 VEARS.
UNDERLYING CONDITION last.
II.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
≥ TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (fil in Boltimore City, give exact facotion)
or contributing Cause of home, farm, lactory, street, office bldgs, INJURY OCCUR?
DEATH (notify medical examiner) etc.)
210. TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
OF INJURY
(APPROX.) While At Work At Work
22. I certify that (1) (this haspital) attended the deceased from MARCH 4 1952 to Fels 12 1966
that (I) (we) last saw the deceased alive an
and haur and from the causes stated above. (1) (40) (414) (did not) view the body after death.
23A. SIGNATURE 23B. DATE SIGNED
Henry J. Houska M.D. Attending Med. Stoff Phys. Feb. 14-1966
Stenry J. Ofouska M.D. Attending XX Med. Director Director Phys. Feb. 14-1966
23C. PHYSICIAM'S 23D. ADDRESS
Henry J. Houska M.D. 333 S. East Ave. Balto. Md. 21224
Henry J. Houska M.D. 333 S. East Ave. Balto. Md. 21224
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or caunty) (Stote)
REMOVAL (Specify)
Burial Feb. 15-1966 Holy Rosary German Hill Rd. Balto. Co. M
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
FEB 14 1966 Quant E. torbund JOHN J. PUDA, Baltimore, Md. 21224

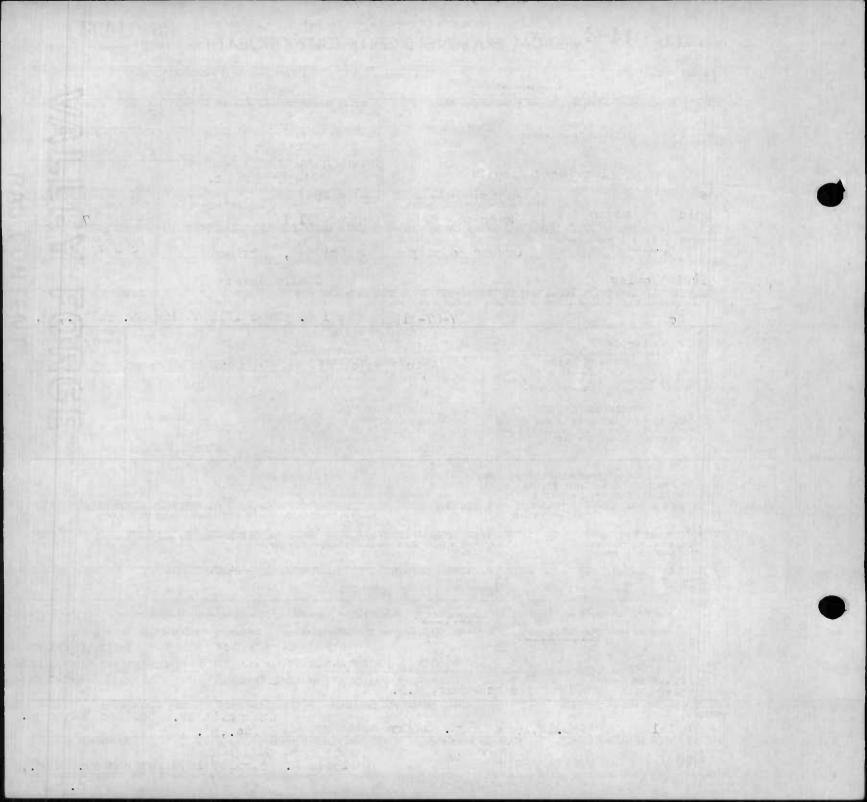


BIRTH NOSS	01492 MEDI	ICAL EX	CAMINER'S CI	ERTIFICA	TE OF D	EATH Registe	red Na.
M.E. CASE NO						HOUR PRONOUNC	
(Type or Print)		ORGE CHA	CF			ary 8, 1966	
3. PLACE IN BA	ALTIMORE MARYLAND, W			4. USUAL RESI	DENCE (Where d	eceased lived. If inst	7:35 A _{M.} titutian: residence befare odmissian UNTY
			17011 0012 000	A. STATE	aryland	B. COL	UNTY
FULL NAME O HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET		wn (If outside altimore	corporate limits, write	RURAL and give townshipl
9	Provider	nt Hospi	ital		B14 Etti		
5. SEX	6. RACE	7. MARRIED, WIDO WED.	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIR	тн	9. AGE (In years lost birthday)	Months, Doys, Haurs, Min.
male	negro			August	31.1907	58	5 8 7 35
OA. USUAL OC	CCUPATION (Give kind of work of working life, even if retired)	10B. KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Labo	rer	Oyst	er company	Cambrid	ge . Mar	vland	USA
3. FATHER'S N.				14. MOTHER'S A			
Irvin !					tella Ch	ase	
	ASED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
No			217-07-4154	Mabel	E. Chase	1814 Etti	ng St. Balto., Md.
RISE TO UNDERL	ANTECENDENT CAUSE S OR CONDITIONS, IF A THE ABOVE CAUSE (A) ST YING CONDITION LAST. II GIGNIFICANT CONDITIONS E DEATH BUT NOT REI	NY, GIVING TATING THE					
DISEASE 19A. DATE	OF OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPS		OB. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
UNDERLYIN UTING C.	NAL CAUSE WAS GOR CONTRIB- AUSE OF DEATH. (Manth) (Day) (Year	hame etc.1	PLACE OF INJURY (e.g., o, form, factory, street, o	in or obaut 21 C. ffice bldg., INJUR	WHERE DID (3) RY OCCUR?		ive exact location!
OF INJURY (APPROX.)		m. V	WHILE AT NOT AT W	WHILE ORK			
22.	ertify that I held an I	nquiry 🗌	Inspection X Aut	opsy ar	nd that an this	basis, death in r	my apinian
res	sulted from: Natural cay	yses X A	Accident Supeide	Hamic	ide U	ndetermined mann	er 🗌
	11/	n. 4	- 1/		MEDICAL EXA		DATE SIGNED
SIGNA	JAL ATURE	Mill	ull MAD	ASSISTANT A	MEDICAL EXA	AMINER X	
EXAM	INER'S	r Breite	enecker, M.D.		MEDICAL EX	AMINER	2-9-66
23A. BURIAL C	REMATION, 238. DATE	23	C. NAME of CEMETERY O	CREMATORY	23D. LO	CATION (City	& Hollins Ferry Ro
Buria	1 Feb.1	2,1966	Mt. Auburn		Bal	to Md	
	D BY HEALTH DEPT.	- 10	OF REGISTRAR	1	RAL DIRECTOR	10-	ADDRESS
FEB 1	4 1966 (1)	5 E. VC	Shey Mill	Teui	8 H. Bos		Luzerne av Ralto

1 3 6 6 6 6 6 6 1 4 7 1

VS 151-REV. 1/1/65

Md.



BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Susie I. Mulcahy February 9, 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) (If not in hospital or institution, give street Maryland FULL NAME OF HOSPITAL OR address or tocation) C. CITY OR TOWN (If outside city limits, write RURAL Baltimore D. STREET ADDRESS (If rural, give location) 516 W. 27th Street 516 W. 27th Street 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. It Un Months! Doys Hours tt Under 24 Hrs. 5. SEX WIDOWED, DIVORCED (specify) lost birthdoyl Sept 19, 1891 Married whi.te 10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland USA Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lutie Loudenschlager Patrick Cotter 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. Joseph Stanton Mulcahy Sr. 516 W. 27th St. CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES DUF TO DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, foctory, street, office btdg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notity medical examiner) etc.) (Month) (Doy) (Year) (Hout) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY White At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased that (1) (we) last saw the deceased alive on and that in (my) (our) Opinion death accurred an the date and Hour and ses stated abave. (1) (We) (did) (did-nat) view the body after death. SIGN MUR 23B. DATE SIGNED Attending Phys. Med. Stoff Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS

contributing Undetermined regular deceased sposition death SID the 4 IMPORTANT eath an 0 kind; final attendance ŏ any pranounced 0 Alsa, med af fracture embal DIRECTOR: regular wha are 3 physician remains the chief medical medical Mas FUNERAL physician the 0 before 3 where ta the hospital Ž nature; obtained 9 (except and any pe eath) haspital the body was released must accident Ö 40 approval 0 prior at D.O.A. shows: (1) eceased Was

of death Deceased

hospital

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ance use; (5) cause

attend 0

000

Meadowridge Mem. Park 12 Feb 66 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT.

William G. Helfrish

24D. LOCATION

(City, lown, or county)

Howard County Maryland **ADDRESS**

25C. FUNERAL DIRECTOR 3631 Falls Road

VS 150-REV. 1/1/65

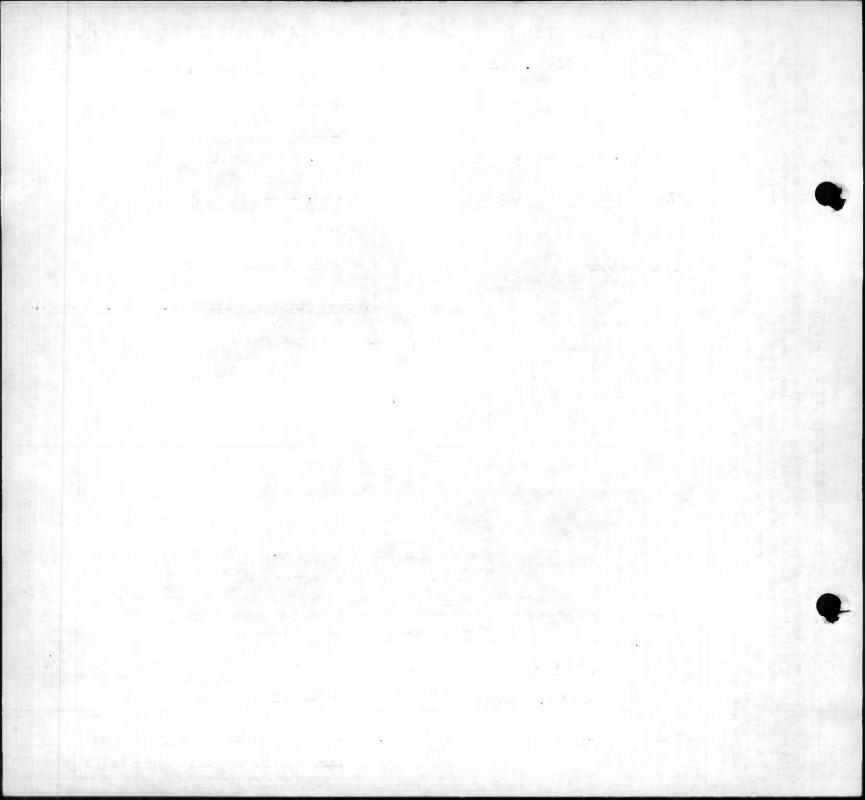
NAME (Type)

REMOVAL (Specity)

24A. BURIAL CREMATION, 24B. DATE

24C. NAME of CEMETERY OF CREMATORY

5006 Roland Avenue

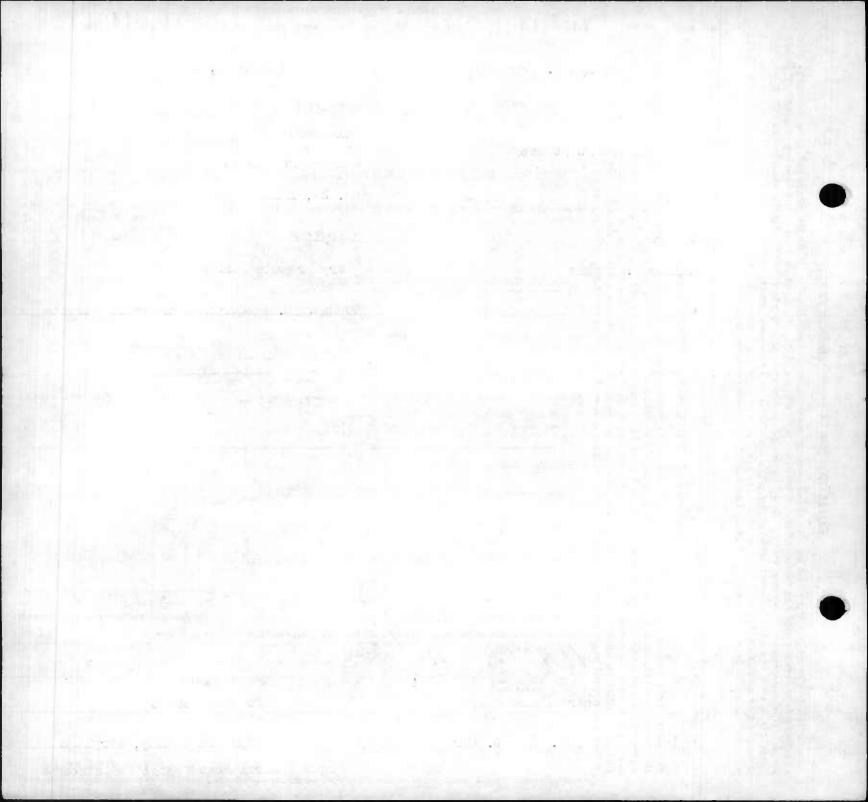


BALTIMORE	CITY	HEALTH	DEPARTMENT
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Registered No. 0 1149	Registered	No. 6	914	9
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	H NO.		66 0149	CERTIFICA	TE OF DEATH	Registered No.	6 91494
1. N	AME OF DECE	ASED		To Volte	2. DATE A	ND HOUR OF DEATH	
(1yp	e or Print)	Evel	yn C. Lomb	ardi	Febru	ary 6, 1966	Μ.
F	ULL NAME OF	TH IN BALTIN	ORE, MARYLAND n hospitol or institut			ore deceased lived. Il in	nstitution; residence belore admission
	OSPITAL OR NSTITUTION	oddress	ar lacation)			utside city limits, write	RURAL and give tawnship)
0	80	l Power	s Street			rurol, give lacetion)	
5. S	FX	6. RACE	7. MARI	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
10A	female	white	WIDO Ma kind of work 108, KINI	owed, DIVORCED (specify) arried D OF BUSINESS OR INDUSTRY	Aug. 29, 1911	5)4	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	during most of w	arking life, ever	if retired)		Mary and		WHAT COUNTRY?
	At Home	E			Maryland 14. MOTHERS MAIDEN NA	ME	Usa
	William	F. Dunk	le		Mary Francis	Bossom	
15. ¹ (Yos	Was Deceased , no or unknown)	Ever in U.S. (II yes, givo v	Armed Forces? wor or dotes of servi	SECURITY NO.	17. INFORMANT		ADDRESS
	no				Anthony C. I	ombardi 801	l Powers Street
	(This does not heart failure, cinjury or company of Com	LEADING TO all meon the asthenio, etc. blication which NTECEDENT R CONDITION above co	mode of dying, It means the dise th caused deoth,) CAUSES ONS, if ony, gives (A) stating	(B) DUE TO	relastate Les med	Thele	onset and death
ATION		ATH BUT I	OITIONS CONTRIBUTIONS RELATED TO				
CERTIFICATION	0		WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes at N	a) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL	2TA. ACCIDEN OR CONTRIBU DEATH (notify	TING 🗌 CAUS	SE OF	218. PLACE OF INJURY (e.g., in hame, larm, factory, street, of etc.)		(If in Baltimor	e City, give exect location)
MEDI	21D. TIME OF INJURY (APPROX.)	(Manth) (Da	y) (Yeon) (Haun)	21E. INJURY OCCURRED While At Not While At Wark	21F. HOW DID IN	JURY OCCUR?	
	that (1) (we)	last saw the	deceased alive	e. (I) (We) (dld) (did nat) v	19 6 C and th		238, DATE SIGNED
1	23 C. PHYSICIAI	VS pe)	will	enaller Phys		Phys.	2/8/66
			nard Waller	nstein M.D.	848 We	st 36th Stre	et /
24A	REMOVAL (S	AATION, 248, pecify)		C. NAME of CEMETERY of CRE	EMATORY 24D. I	LOCATION (C	ity, town, or county) (State)
25A	Burial DATE REC'D	BY HEALTH C		Mt. Carmel Cemet	ETY ET		inty, Maryland
	FEB 1	4 1966	Q 0 15 8	Stee Bea Hill	Burgee Fune	Home 3	631 Falls Road

VS 150-REV. 1/1/65



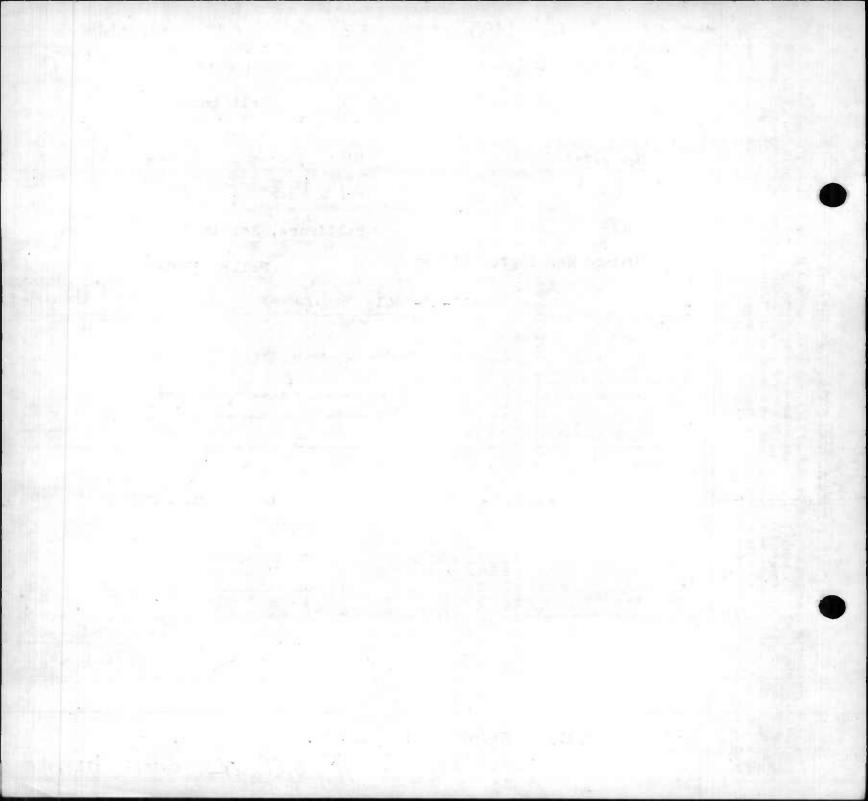
6A]	BALTIMORE CITY	HEALTH DEPARTMENT
D-D O-E	BIRTH NO. M.E. CASE NO. 66 01495 CERTIFICA	TE OF DEATH × Registered No. CO 11495
and leat leat sase Suc	(Type or Print)	2. DATE AND HOUR OF DEATH
of deat of deat Decease ce on th ath. Suc	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE I Where deceosed lived. If institution: residence before odmission A. STATE, B. COUNTY
S)	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or locotion)	Md. Balt imore
cau se; end to	INSTITUTION	C. CITY OR TOWN IIf outside city limits, write RURAL and give township)
ing can	Haryland General Hospital	D. STREET ADDRES . Ilf rurol, give locotion) 11119 Reisters town Rd.
occurre ontribut ermined regular eased p	5. SEX Female 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED Ispecify)	B. DATE OF BIRTH 98 9. AGE (In years lost birthdoy) 7 Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	7 WHAT COUNTRY?
Jon Or Sitis	None	Baltimore, Maryland U.S.A.
w + th	George Washington Bishop	Bella O'Brian
e de	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Ilf yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 213-30-691	17. INFORMANT Md. General Hos vite
s assissany, if the any kindanced do or fin	NO 213-30-694:	F DEATH INTERVAL BETWEEN
C 0 - E 0 D	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
AespE	(This does not meen the mode of dying, e.g., DUE TO heart toilure, ostherio, etc. It meens the disease,	2 gastie dilatation
iner. ractu pro	ANTECEDENT CAUSES (B)	muy absent marted
Xami cami A fr who reg	DISEASES OR CONDITIONS, if ony, giving	ok wie kiam syndrows
alexilex (3); (3) ian s in	rise to the obove couse (A) stoling the IC)	
edical dical urns; ysicie was	Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
med med dy bu phy cian	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUJOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
by a 2) Bod- re the physic fore th	WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATH?
== 0 0 0	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY I e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID (If in Baltimore City, give exact location) ffice bldg., INJURY OCCUR?
hospita nature; ept whe d (6) No	21D. TIME IMonth) (Doy) IYeor) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not While	21F. HOW DID INJURY OCCUR?
brove he h ny ng excep and	22. I certify that (1) this hospital) attended the deceased fram.	
G 0 0 0	that (1)(we) last saw the deceased alive an 28	19 66 and that In (aur) apinion death accurred an the dat
be ed nut pitt pitt sat	and haur and fram the causes stated abave (1) (We) (dld) (did nat)	view the bady after death. 238, DATE, SIGNED
eleas ccide a hos to de al mu	A A A A	ending Med. Stoff S
0 - 0>	NAME (Type)	230. ADDRESS
= > 4 - 0	M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (Stote)
his certiine body hows: (1) as D.O. eceased	Burial 2/11/66 Trinity Luthe	ran Cem. Taneytown, Maryland
This cer the bod shows: was D.(decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Owings Mills, Md

25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR

Taneytown, Maryland

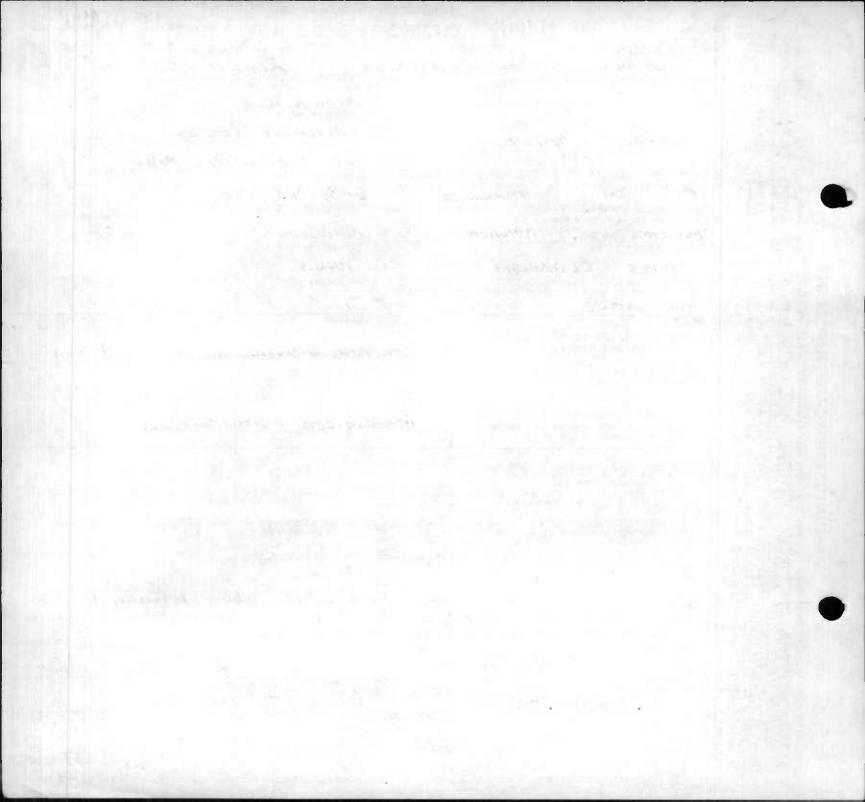
hard Owings Mills, Md



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

				BALTIMORE CITY	HEALTH DEPARTMENT		00 01400
	H NO.	66 01	496	CERTIFICA	TE OF DEATH	Registered Na.	66 01496
	AME OF DECEA	SED			2. DATE A	ND HOUR OF DEATH	
			LTON	CLABAUG		38. 11 196	6 205 A M.
. \$	LACE OF DEAT	H IN BALTIMORE, MA	RYLAND		A. STATE B. COU	ere deceosed lived. If in NTY	nstitution: residence before odmission)
-	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital oddress or location		give street	C. CITY OR TOWN (If o		RURAL ond give township)
0	UNIVE	KSITY HOS	PITAL		D. STREET ADDRESS (f rurol, give locotion)	0370
)					101 EDGE	WATER A	PTS.
. s	EX 6.	RACE	WIDOWE	NEVER MARRIED D, DIVORCED (specify)	6-30-94	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
		ATION (Give kind of work	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
0	ONDUCTOR	(1111	AAILA	OPTO	MANYLAND		USA
_	FATHER'S NAME	1010004			14. MOTHERS MAIDEN NA	AME	
	JAME	S CLAR	AUGH		ANNA		
5.	Wos Deceosed E	ver in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
63	4ER	If yes, give wor or dote	s of service	SECURITY NO.	Stile (s	lame as	above)
-	18. 3 3	/ X I	-	CAUSE OF	DEATH		INTERVAL BETWEEN
		OR CONDITION DI	RECTLY				ONSET AND DEATH
		EADING TO DEATH	A	(A) CEN	SARR UMSUL	an Accida	IT 12 Hours
	heart failure, as	meon the mode of sthenio, etc. It meons	the disease,	טו זטט			
		ication which caused	death.)	(B)			
		TECEDENT CAUSES		DUE TO			
	iise to the	CONDITIONS, if obove couse (A) CONDITION lost.		(C) SENE	MALIZED AM	renusuer	OSS.
ATION	TO THE DEA	CANT CONDITIONS CATH BUT NOT RELA ONDITION CAUSING I	TED TO TH			1000	
RTIFIC	19A. DATE OF C	PERATION 198. CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
AL CE	21A. ACCIDENT OR CONTRIBUTI DEATH (notify or	WAS UNDERLYING CAUSE OF	21E hor etc.	ne, form, foctory, street, of	or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimor	e City, give exact location)
2		Month) (Doy) (Year)	(Hour) 21 E	. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
Š	(APPROX.)		W	nile At Not While At Work	•		
	22. I certify th	not HT (this hospital) ottended t	he deceased from	elman 10	19 66 to Fe	lung 11 19 66.
	that M (we) Is	ost sow the decease	d olive on	Felina 11	19 66 ond t		inion deoth occurred on the date
	ond hour ond	from the couses sto	ed obove.	K) (We) (did) (did not) v	iew the body after death.		
	23A. SIGNATURE						23 B. DATE SIGNED
	Ken	nuch E 4	lou	M.D. Atte	nding Med. Director	Stoff Phys.	beb 11 1966
	23 C. PHYSICIAN NAME (Typ	'S e)		1	23D. ADDRESS	-1 1	
	Dr.	Kenneth E.	Mott	M.D.	Municially	Confet	P
4.4	REMOVAL (Sp	ATION, 24B. DATE	24C. N	AME of CEMETERY OF CHE	MATORY 24D.	LOCATION (C	ily lown, or county) (State)
5.0	Rusial DATE REC'D B	Y HEALTH DEPT.	25B. NAME	Jak dan	25G. FUNERAL DIRECTO	Salto. Co	ADDRESS
	FFB 14	1966 00	-O.T.	Ocama .	Commelle	Jons 30.	Mac an BI
S	150-REV. 1/1/65	1000 (3, 2 - 2)	Tr Car Me	Da ea	- wieny	1	



BIRTH NO.	66 91	CERTIFICA	TE OF DE	6	6 01497
M.E. CASE NO. 1. NAME OF DECE (Type or Print)				DATE AND HOUR OF DEAT	H
THE STATE OF THE PARTY OF THE P		JOSEPHINE C.		FEBRUARY 10,	
PLACE OF DEA	TH IN BALTIMORE, MAR	YLAND	A. STATE	B. COUNTY	institution; residence belore admission
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital a address or location)	r institution, give street	C. CITY OR TOWN	44.00	IARD e RURAL ond give township)
0	ST. AGNES	HOSPITAL	D. STREET ADDRE 204 MA	SS (If rurol, give location) ST.	(23700
FEMALE	6. RACE WHITE	MARRIED, NEVER MARRIED WIDOWED PLYSICED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	rorking lile, even if retired)	OB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (SE		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAM	NE .		14. MOTHER'S MA	IDEN NAME	
MAURIC	E COLLINS		NORA	?	
5. Was Deceased	Ever in U. S. Armed Forc		17. INFORMANT		ADDRESS
NONE	(If yes, give wor or dotes	NONE		S HOSP. RECOR	RDS; CATON & WILK
18. 42 C	21/1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
UNDERLYING OTHER SIGNIF	abave couse (A) CONDITION last. II FICANT CONDITIONS CO	ONTRIBUTING TO THE	CVD E	Abdominal Conta	(Luciusius
DISEASE OR OF	OPERATION 198. COND WAS PERFO	ITION FOR WHICH OPERATION	20 A. AUTOPSY?	(Yes or No) 20B, IF YES, WER	E FINDINGS CONSIDERED
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	218. PLACE OF INJURY (e.g., in home, lorm, loctory, street, of etc.)	n or obout 21C. WHE	RE DID (II in Boltim	ore City, give exact location
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED While At Not While Work At Work		DID INJURY OCCUR?	
that (I) (we)	from the couses state	d doove. (1) (We) (did) (did not) v		ond that In (my) (our) o	PINION death occurred on the do
	1/1/	M.D. Atte	ending Med		2-10-66
23C. PHYSICIAI	vs /	/ Ily	23D. ADDRESS		ATON & WILKENS A
4A. BURIAL CREA	AATION, 248. DATE	24C. NAME of CEMETERY OF CRE	MATORY	24D. LOCATION	City, town, or county) (State)
BURTAL	2-14-19	966 NEW CATHEDRAL		BALTIMORE, MD	
The Contract of the Contract o		258 NAME OF REGISTRAR	25C. FUNERAL		TT CITY, MD
/S 150-REV. 1/1/6	5			+ 0	

A STATE OF THE STA THE THE COL A MITCHE STORY NO. 21 CAL 25 PM 2 E.D. -Die Frank in the Park 21 Long To the same of

BALTIMORE CITY HEALTH DEPARTMENT

66 01498

BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED

(Type or Print)

CERTIFICATE OF DEATH & Registered No.

2. DATE AND HOUR OF DEATH

VS 153 2-23-66 MH

6-430

64	5 01499	В	ALTIMORE CITY HEAL	TH DEPARTME	NT		
BIRTH NO.		ICAL EX	AMINER'S CI	ERTIFICA	TE OF D	EATH Registe	ered Na
M.E. CASE NO.						0.0) (11433)
1. NAME OF DEC	EASED					HOUR PRONOUNC	
CHARLES GILLETT				E February 11, 1966 7:20 A			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			Maryland				
			C. CITY OR TOWN (If outside corporate limits, write BLEAL and give township)				
			Baltimore /)				
Unive	rsity Hospit	al			oress (If rurol, §	give locotion) XXXXI X Rol	and Ave.
	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		B. DATE OF BIR	тн	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months, Doys, Hours, Min.
Male White		Widower		Jan 16	1882		
IOA. USUAL OCCU	PATION (Give kind of wor	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	rorking life, even if retired)	Panna	R.R.	Phil	Do.		TT C
Retired (E	Tellis	119110	14. MOTHER'S	ANDEN NAME		U+3
सार	jah Gillet	te		Koto	Atmore.		
15. WAS DECEASED	DEVER IN U.S. ARMEI	FORCES?	16. SO CIAL	17. INFORMANT	TUMOT'S.	515355	ADDRESS
(Tes, no or unknown)	(If yes, give wor or dot	es of service)	SECURITY NO.				
18.	?		?		Bainb	ridge 292	
18.	18 X		CAUSE	OF DEATH			ONSET AND DEATH
DISEAS	E OR CONDITION D	RECTLY		1			
(This does n	of mean the made of	dvina e.a.	(A) Multip	le Traum	atic Inju	ırıes.	
heart failure,	osthenio, etc. It meon	s the disease, death.)	DOL 10				
	NTECENDENT CAUS OR CONDITIONS, IF		(B)				
RISE TO THE	E ABOVE CAUSE (A) S		DOE 10				CONTRACTOR OF THE PARTY OF THE
	G CONDITION LAST.		(C)				
2							
OTHER SIGN	NIFICANT CONDITIONS						MATERIAL PROPERTY.
	DEATH BUT NOT RE						
19A. DATE OF	OPERATION 198. CON	NOTION FOR V	VHICH OPERATION	20A. AUTOPS No		OB. IF YES, WERE FILL N CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
21 A. EXTERNAL	CAUSE WAS	21 B, F	LACE OF INJURY (e.g.,	in or obout 21C.	WHERE DID (IF	in Boltimore City, gi	ve exact location)
UTING CAU		etc.)	form, foctory, street, o			Woonitol	
E 21 D TIME	(Month) (Doy) (Yes	r) (Hour) 21	Hospital		TAGE STEA	Hospital	
OF INJURY (APPROX.)	2 11 '6	,				L2th floor	window.
22.	ify that I held an				nd that an abia	basis, death In n	ny aninian
result	ted fram: Natural co	uses A	coldent Sulcide			ndetermined mann	er 🔲
ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED							
SIGNATURE CARLES TELL M.D. ASSISTANT MEDICAL EXAMINER \$ 2/11/66							
EXAMIN NAME (1	(Type) Charl	es S. Pe	tty, M.D.	ASSOCIATE	MEDICAL EX	AMINER	2/11/00
23A, BURIAL CREA			. NAME OF CEMETERY O			CATION (City,	, town, or county) (State)
Cremation 24A. DATE REC'D	n 2/11/	248, NAME C	reenmount (Cremato	RAY DIRECTOR	enmount &	OliverSt, Md
FEE	1 4 1966 0	38.	Farbuna	Clust	in E.L	onovan-	38 18 Roland Cive
VS 151-REV. 1/1/6	N869	1221	6 0 3	011	8 9 1		V

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FUNERAL DIRECTOR: IMPORTANT	ner	n du
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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				BALTIMORE CITY	HEALTH DEPARTMENT		CC 01500	
	H NO. CASE NO.	66 01	590	CERTIFICA	TE OF DEATH	Registered Na.	66 01500	
1, NA	AME OF DEC	ROBERT	Wood	25	2	-10 - 66	5:46 Am.	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in haspital or institution, give street				give street	A. USUAL RESIDENCE (Where dacassed lived. If institution: residence before admission) A. STATE B. COUNTY MARYLAND			
HOSPITAL OR address or lacation) INSTITUTION					C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE, /			
		KLIN Sai			942 2		ILL AVE.	
5. \$1	M	6. RACE	WIDOWE	NEVER MARRIED D, DIVORCED (specify)	5-20-11	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	
done		working life, even if retired)		PACTURING	11. BIRTHPLACE (State or foraing) W. VIRG		12. CITIZEN OF WHAT COUNTRY?	
	ATHER'S NAM		PS		14. MOTHER'S MAIDEN NAME MXRY			
(Yes,	Vos Deceased	Ever in U. S. Armed For Off yas, give wer er dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT HEDICA		ADDRESS	
-	18. 2 2	/ V I		CAUSE O	DEATH		INTERVAL BETWEEN	
		SE OR CONDITION DI	RECTLY	(-	WA Nou	1000 400	ONSET AND DEATH	
	(This daes n	al mean the made of		DUE TO) IF & 00	corec upo		
		asthenia, etc. It means aplication which coused						
		ANTECEDENT CAUSES		(B)				
	rise to the	OR CONDITIONS, if e abave cause (A) G CONDITION last.		(C)	•••••			
ATION	TO THE D	II IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING	TED TO TH		HELLER			
	19A. DATE OF	OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED AUSES OF DEATH?	
	21 A. ACCIDER OR CONTRIBL DEATH (natify	NT WAS UNDERLYING DITING CAUSE OF	21 E har etc	ne, farm, foctory, street, of	ar about 21C. WHERE DID INJURY OCCUR?	(If in Baltima	re City, give axact lacation)	
WEDI	21 D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)		ile At Wark		URY OCCUR?	W.	
	22. I certify	that (I) (this haspita				19 66 ta	2-10 1966.	
		last saw the decease		210.	- 19 6 5 and the	at in(my) (aur) ap	inian death accurred an the date	
	and have and	d from the causes sta	ted abave. (I) (We) (did) (did not) v	iew the bady after death.			
	23A. SIGNATU	eent V.	de to	Syn M.D. Atto	Inding Med. Diractor	Staff Phys.	238, DATE SIGNED 2-10-66	
	230 PHYSICIA NAME (T		V. DE	d	FRANKLUN	SOUNKE	Hospital	
24A	BURIAL CRE	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CRI			City, town, or caunty) (State)	
25A	BURIA	BY HEALTH DEPT.	25B. NAME	4. Auburn	25C. FUNERAL DIRECTOR	Balto.	Md. ADDRESS	
VS	FEB 1 4	1966	8.30	Deg MAN	George H.	Kelson	1348 Calloun St.	

THE RESIDENCE SOFTER THE DESIGNATION AND ASSESSED. N C WHAT 3-20-11 54 140010 CHAPPER MENTALINING W. VICEINING NAT WOODS MARY... HERICAL KOLLERY Target Sa WA, HAMBERTON F 1 MY 01-0- 12 7-0 -00 Joseph F. de Mayor whenever is no keeps there is Samue Hougett